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FOR ACTION

RECOMMENDATION FOR FUNDING FOR THE SHORT-DURATION COUNTRY PROGRAMME**/

Haiti

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds of the programme for Haiti with a duration of two years to support activities for which the country programme is under preparation. The Executive Director recommends that the Executive Board approve the amount of $2,754,000 from general resources, subject to the availability of funds, and $15,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1998-1999.

*/ E/ICEF/1997/P/20.

**/ The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1996. The figures are contained in the "Summary of 1997 recommendations for general resources and supplementary funding programmes" (E/ICEF/1997/P/L.18).

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Basic data (1995 unless otherwise stated)

Child population (millions, 0-17 years)	3.3
U5MR (per 1,000 live births)	124
IMR (per 1,000 live births)	71
Underweight (% moderate and severe)	28
Maternal mortality rate (per 100,000 live births) (1990)	1,000
Literacy (% male/female)	48/42
Primary school enrolment (% net, male/female)	25/26
Primary school children reaching grade 5 (%)	47
Access to safe water (%)	37
Access to health services (%)	60
GNP per capita	$250
One-year-olds fully immunized against:	
tuberculosis:	68 per cent
diphtheria/pertussis/tetanus:	34 per cent
measles:	31 per cent
poliomyelitis:	34 per cent
Pregnant women immunized against:	
tetanus:	49 per cent

THE SITUATION OF CHILDREN AND WOMEN

1. Haiti is the poorest country in the western hemisphere and also occupies the lowest place in the human development indicator ranking (148th/174 in 1995). The new governmental and parliamentary institutions must therefore take radical action to combat poverty while carrying out a difficult transition to democracy and protection of human rights. This is the context in which the Government has redefined its governmental role and its regulatory functions vis-à-vis the non-public sector, which has traditionally provided the bulk of social services.

2. The problems of survival, protection and development confronting Haitian women and children can be appreciated from the low social indicators, which are due mainly to: (a) the State's weak institutional capacity, particularly with regard to planning, management and monitoring; (b) Haitian society's unfavourable perception of the place and role of children and women; and (c) the transition from a culture of dictatorship to the practice of democracy, which implies profound social changes designed to take rights into account and gradually incorporate them in the Government's legislation and policies.

PROGRAMME COOPERATION, 1995-1997

3. The 1995-1997 programme represented a transition from an emergency programme to a development programme. The main goals were to: (a) help to

check or reverse the tendency for rapid deterioration in the situation of children by means of direct sectoral actions and advocacy; (b) promote respect for the rights of children and the status of women at all levels of society; (c) strengthen the capacity of community organizations to deliver better services for the country's children and women, better preparation of communities to deal with emergencies and, in the medium and long terms, to empower communities; and (d) help to attain the objectives adopted by the World Summit for Children.

4. The programme has made it possible to: (a) provide a broad range of basic services to improve the health, nutrition and development of children and women; (b) strengthen the capacities of the various partners (Government, municipalities, non-governmental organizations (NGOs); (c) empower communities, particularly in the three areas of intervention of the community organization/women programme; and (d) conduct advocacy based on the promotion of the Convention of the Rights of the Child, ratified in December 1994, and support this action by revision of Haitian legislation concerning children.

Lessons of recent experience

5. The following lessons have been drawn from the 1996 mid-term review and appraisal of the country programme: (a) a broad partnership embracing the many components of civil society (NGOs, locally elected officials, media) has proved a very effective means of delivering services and conducting advocacy. However, in future the choice of partners should be more selective (in particular NGOs) and facilitate leadership by the Government in this area; (b) the programme strategies proved relevant to the political conditions prevailing at the time and consistent with the cooperation objectives; however, the synergy between the programmes should be strengthened; (c) increased attention should be given to the viable actions instead of to ad hoc and reactive ones; and (d) programme monitoring and evaluation should be further developed in order to provide a clearer picture of the results and impact of the measures taken.

6. As a result of the delays in establishing institutions, the slower-than-expected development of institutional capacities, and the wish to harmonize cycles within the United Nations system, the Government and UNICEF have recommended the renewal of a short-duration programme. This period of transition will enable institutions and cooperation capacities to mature and will allow for more detailed consideration of the directions to be taken. This latter exercise will be sustained by the development of small-scale innovative experimental approaches.

7. The mid-term review prompted the Government to become more deeply involved in the current programme, which had been prepared in the context of a return to constitutional order. In future this should facilitate the implementation and coordination of the updated programme.

8. Discussions with the main donors and the partners of UNICEF in the implementation of this short-duration programme have revealed intentions to contribute supplementary funds which will be generally sufficient to cover the components mentioned below.

RECOMMENDED PROGRAMME COOPERATION

Estimated annual expenditure

(In thousands of United States dollars)

	1998	1999	Total
General resources			
Health and nutrition	252	252	504
Basic education	175	175	350
Water and sanitation	90	90	180
Community empowerment	210	210	420
Rights of children and women	100	100	200
Intersectoral expenditures	550	550	1,100
Subtotal	1,377	1,377	2,754
Supplementary funds			
Health and nutrition	2,500	2,500	5,000
Basic education	2,000	2,000	4,000
Water and sanitation	1,500	1,500	3,000
Community empowerment	800	800	1,600
Rights of children and women	700	700	1,400
Subtotal	7,500	7,500	15,000
Total	8,877	8,777	17,754

Programme preparation, objectives and strategies

9. This interim programme has been made necessary by the major rehabilitation effort initiated by the Haitian State following the recent years of crisis. It will also make it easier to harmonize the programming and budgetary cycles with those of other United Nations agencies. The programme has been prepared in close collaboration with the Government's partners, NGOs and the United Nations agencies in order to ensure a complementary approach. It is part of the global plan of action drawn up by the Government for its cooperation with the international community.

10. The cooperation programme has been restructured to improve the integration of the activities. These activities have been concentrated in the districts in which UNICEF has already acquired experience of multilateral cooperation over recent years. The current area of concentration (four sub-areas) will be subdivided for the implementation of two strategies: (a) introduction of innovative methods (community empowerment, basic education,

revitalization of primary health care/health and nutrition services); and (b) continuation on a permanent basis in the two other earlier areas and medium-term disengagement.

11. The experimental programmes will be carried out on a small scale in a peri-urban (Port-au-Prince) and a rural area (North-West department) in order to improve the living conditions of children and women in these areas and to serve as a model in the preparation of national policies. The monitoring and evaluation mechanisms will facilitate the subsequent use of the results on a large scale.

12. In the health and nutrition programme the critical survival activities will be maintained at the national level and this period will be used to ensure that the Government and the other partners take cognizance of these activities. The emphasis will be on the revitalization of the health systems in the two areas of concentration, developing a Bamako Initiative model in conjunction with the other bodies directly involved, such as the World Health Organization (WHO), as in the case of the joint UNICEF/WHO/Health Ministry anti-measles campaign in 1995.

13. The community empowerment programme will continue to support the study of the problems encountered by communities in all the priority areas of development, paying particular attention to problems connected with health, safe water supply, sanitation and basic education. It will constitute a more effective basis for activities under the water and sanitation and basic education programmes by selecting communities on the basis of cross-programme criteria.

14. The water and sanitation programme will continue to extend the cover of the water-supply and sanitation services in the areas in which UNICEF is concentrating its assistance. It will be strengthened by means of improved integration of the planning of the two components and the preparation and implementation of a hygiene-education strategy. Only sustainment activities (establishment of maintenance systems) will be carried out in the former areas. Close coordination is ensured in this sector, through the Ministries of Public Works and Agriculture, with WHO, the United Nations Development Programme (UNDP) and the Inter-American Development Bank (IDB).

15. In the basic education programme teacher training and the provision of school equipment and supplies will take place within the framework of innovative approaches to education both in the existing formal system and in a more flexible system. The activities will help to incorporate life skills in the curriculum, introduce innovations in teaching methods to increase the numbers of children aged six to 15 completing the course despite the great age disparities in a single class, and develop an early-childhood policy. The development of a complementary non-formal approach will improve the attendance and completion rates for the other children at present excluded from the system. These two approaches will be integrated at the community level. They will complement the large-scale activities of the World Bank and IDB and will link up with the United Nations Educational, Scientific and Cultural Organization (UNESCO) at the level of primary education.

16. The programme on rights of children and mothers will support the

revision of the legislative framework in accordance with the Convention on the Elimination of all Forms of Discrimination Against Women. It will be based on advocacy for the implementation of the new legislation concerning children, which will have been enacted by the Haitian Parliament under the ongoing programme, and for the adoption of a national policy for children.

Monitoring and evaluation

17. The monitoring and evaluation activities will cover: (a) the implementation of the cooperation programme; (b) the strengthening of the capacity to monitor the situation of children both at the governmental and at the community level. The improvement the monitoring of health indicators by means of the sentinel site methodology and the water and sanitation management systems (established by WHO and UNICEF) will be continued, and the other possibilities of improving the routine information systems will be explored. A system for monitoring the quality of education will be established in collaboration with UNESCO.

18. An integrated monitoring plan has been drawn up to act as a means of steering the cooperation programme. It is based on the indicators specified in each programme. Programme reviews will be carried out annually in conjunction with the partners in order to evaluate the programme's implementation and effectiveness.

Programme management

19. The programmes will be coordinated by the Ministry of Planning and External Cooperation. The programmes and projects are implemented jointly by various technical departments and NGOs. Programme management will benefit from the close coordination of the various disciplines found among the personnel of the UNICEF office, and especially among the members of the broader partnership, designed to secure an interdisciplinary convergence of experience in the implementation of the programme activities.

TABLE
LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : HAITI
PROGRAMME : 1998-1999

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES:																	
HEALTH AND NUTRITION	504,000			504,000	0	0	0	0	0	0	0	1	0	1	0	102,729	102,729
BASIC EDUCATION	350,000			350,000	0	0	0	0	0	0	0	1	0	1	0	102,729	102,729
WATER AND SANITATION	180,000			180,000	0	0	0	0	0	0	0	0.5	0	0.5	0	51,366	51,366
COMMUNITY EMPOWERMENT	420,000			420,000	0	0	0	0	0	0	0	2	0	2	0	167,971	167,971
CHILDREN'S AND WOMEN'S RIGHTS	200,000			200,000	0	0	0	0	0	0	0	0.3	0	0.3	0	24,806	24,806
CROSS-SECTORAL COSTS	1,100,000			1,100,000	0	0	0	1	0	0	1	3	5.5	9.5	275,249	484,500	759,749
TOTAL GR	2,754,000			2,754,000	0	0	0	1	0	0	1	7.8	5.5	14.3	275,249	934,101	1,209,350
SUPPLEMENTARY FUNDING:																	
HEALTH AND NUTRITION		0	5,000,000	5,000,000	0	0	0	1	0	0	1	2	3	6	275,249	249,451	524,700
BASIC EDUCATION		0	4,000,000	4,000,000	0	0	0	1	0	0	1	1	1	3	275,249	130,904	406,153
WATER AND SANITATION		0	3,000,000	3,000,000	0	0	0	0	0	0	0	1.5	3	4.5	0	211,488	211,488
COMMUNITY EMPOWERMENT		0	1,600,000	1,600,000	0	0	0	0	0	0	0	0	1	1	0	21,309	21,309
CHILDREN'S AND WOMEN'S RIGHTS		0	1,400,000	1,400,000	0	0	0	0	0	0	0	0.8	0.5	1.3	0	88,504	88,504
CROSS-SECTORAL COSTS		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	15,000,000	15,000,000	0	0	0	2	0	0	2	5.3	8.5	15.8	550,498	701,656	1,252,154
TOTAL GR & SF	2,754,000	0	15,000,000	17,754,000	0	0	0	3	0	0	3	13.1	14	30.1	825,747	1,635,757	2,461,504
SUPPORT BUDGET		Operating costs		460,100	0	0	1	2	0	0	3	2	9	14	873,236	751,979	1,625,215
		Staffing															
GRAND TOTAL (GR + SF + SB)					0	0	1	5	0	0	6	15.1	23	44.1	1,698,983	2,387,736	4,086,719
	Number of posts and staff costs:																
	Current programme cycle										7	10	27	44			
	At the end of proposed programme cycle (indicative only)										6	15.1	23	44.1	1,698,983	2,387,736	4,086,719

GR = general resources
SF = supplementary funding
FSF = funded supplementary funding
NSF = new supplementary funding
IP = international Professional
NP = national Professional
GS = General Service
SB = support budget

a/ Each post, regardless of its funding source, supports the county programme as a whole.
b/ Excludes temporary assistance and overtime.

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FOR ACTION

RECOMMENDATION FOR SUPPLEMENTARY FUNDING FOR A PROGRAMME IN THE AMERICAS AND CARIBBEAN REGION WITHOUT A RECOMMENDATION FOR FUNDING FROM GENERAL RESOURCES**

SUMMARY

The present document contains a recommendation for supplementary funding for a subregional programme for which no recommendation for funding from general resources is requested. The programme proposal submitted here is aimed at expanding or complementing ongoing programmes in the region. The Executive Director recommends that the Executive Board approve supplementary funding in the amount of $43,000,000 for the subregional programme for the Andean region (Programa de la region Andina)(PROANDES) for the period 1998-2002, subject to the availability of specific-purpose contributions.

* E/ICEF/1997/20.

** The figures in the present document are final and take into account unspent balances of programme cooperation at the end of 1996. They will be contained in the "Summary of 1997 recommendations for general resources and supplementary funding programmes" (E/ICEF/1997/P/L.18).

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Previous programme cooperation, 1988-1997

1. The Andean subregional basic services programme against poverty (Programa de la region Andina (PROANDES)) was originally approved by the Executive Board in 1988 for the period 1988-1992, at the request of the Governments of the subregion, to help them address the most critical manifestations of poverty among children and women of indigenous, Afro-Latin and mestizo families, generally living in remote rural areas. Phase II was approved in 1992 for the period 1993-1997. Operating as a complement to country programmes and incorporating an increasingly important subregional element, it focused on education (especially bilingual and intercultural education), water supply and sanitation, health and hygiene activities, food security and income-generating activities. Phase II was funded by contributions from the Spanish Committee for UNICEF, the Governments of Belgium, Canada and Sweden and the Inter-American Development Bank (IADB).

2. The subregional approach has been based on: (a) attacking such common problems as discrimination, limited ability to exercise citizenship and inadequate social service delivery; (b) using such common opportunities as increasing decentralization, democratization and new openness to local participation; and (c) fostering greater impact of projects through systematic exchange of information and experiences within the subregion. Working together within PROANDES, Governments, non-governmental organizations (NGOs) and community-based organizations have committed themselves to bringing previously isolated populations into the mainstream of development.

Lessons learned

3. To close the gap perceived between resolution of basic needs and communities' rights to full participation in diagnosing, demanding and securing access to basic social services (i.e., empowerment), service delivery must be part of a mix of strategies, along with advocacy and community capacity-building and mobilization. Working through a multi-sectoral approach within the framework of child rights, PROANDES has helped to develop a framework within which Governments and NGOs may address the needs of rural Andean children and women.

4. Strengthening local governments' management skills and community empowerment as part of decentralization provides a basis for sustainable impact. Water projects are the main entry point. The incorporation of traditional culture and values into projects eases acceptance and improves efficiency while helping to preserve identity and promote self-esteem and self-confidence. Basic rural education, with intercultural and bilingual methodologies as key elements, provides a basis for empowerment. Productive activities, income generation, microcredit and transfer of appropriate technology provide an essential link for sustainable development.

5. Parts of the programme were evaluated by the Swedish International Development Authority (SIDA) (in Bolivia in 1994) and IADB (in 1996), with substantially favourable results. Although the SIDA evaluation pointed out a weakness in sanitation and hygiene education, this element already has been reinforced in Bolivia and several other countries and will be an integral part of the next phase of programming. A study of Andean rural poverty conducted by UNICEF has shown that despite serious limitations of data, the most marginalized communities were already minimally incorporated into the market system, and when structural adjustment was introduced they converted back to a subsistence economy.

The situation of children and women

6. Infant and under-five mortality in poor rural communities remain higher than national averages and gaps appear to be widening. Increasing migration, connected to poverty, as well as lack of opportunity, limited access to credit and markets and limited food resources are reported in many poor provinces in the subregion. School curricula often remain irrelevant to rural conditions, and despite efforts to introduce changes, high rates of teacher turnover, low-quality materials, weak infrastructures and inadequate teacher training continue to affect the quality of education. Maternal mortality rates in rural Andean communities are among the highest in the world; in 1994, the estimated rate among rural Altiplano women in Bolivia was 929 per 100,000 live births, more than double the national rate of 399 and similar to the worst rates in Africa and Asia. Poor rural women are often victims of violence and have limited access to land, credit or control over family expenditure. Rural families tend to place low value on educating girls, which is directly linked to the low status of women. Child labour, especially in agriculture, continues to be a significant problem. Lack of access to potable water is linked to the high incidence of diarrhoea and child malnutrition; in rural areas of Colombia, for example, only 10 per cent of households have access to safe water. Sanitation access and hygiene practices are very limited in remote, rural communities and water collection is time-consuming for rural women. While services exist, poor quality and care often discourage their use.

7. However, legislative changes, increasing democratization, decentralization of basic services, awareness of the specific needs of and discrimination against minorities, allocation of budgetary resources to rural municipalities and the emergence of new pressure groups and organizations all indicate a change in the climate for development. The third phase of PROANDES is being proposed to take advantage of this change, and to build on past successes.

Proposed programme cooperation, 1998-2002

8. The overall objectives of phase III of PROANDES are to: (a) promote the rights of children and women in situations of greatest poverty; (b) ensure sustainablility of achievements to date; (c) extend coverage in the poorest areas, especially to indigenous and Afro-Latin inhabitants; and (d) contribute to overcoming ethnic and gender inequities and protecting the environment. Specific objectives at country level are to: (a) strengthen local participatory decision-making, planning, implementation and management, focusing on women; (b) improve health conditions, nutrition and protection of children and women; (c) reduce maternal mortality and improve reproductive health; (d) expand water provision, sanitation and hygiene education; (e) continue to promote intercultural, bilingual basic education using non-formal alternatives to broaden access, especially for girls; and (f) improve food security through income-generating activities. Each country will stress communities' development of their own priorities, based on strategic alliances with NGOs, local leaders and pertinent national and international institutions.

9. A subregional component will provide added value through: (a) advocacy and representation with regional and multilateral organizations; (b) regional advisory services; (c) collection and analysis of data and systematization and dissemination of best practices; (d) helping to devise a common framework for monitoring and evaluation; and (e) resource mobilization.

10. Operating within this framework, the country-level components of PROANDES reflect the specific situation of each country. Bolivia will work in maternal and child health (MCH); water, sanitation and rural hygiene; primary education; child development; empowerment of rural women; household food security; and microcredit. Colombia will work to strengthen local management capacity, promote community participation and support partnerships in planning and provision of basic services. Ecuador will focus on projects in basic education, water and sanitation, health and nutrition and social policy. Peru will consolidate successful experiences in MCH, child nutrition, water and sanitation, basic rural education, income generation for women and community self-governance. Venezuela will support local development and provision of integrated basic services through the strengthening of community organization and action, public management and intersectoral projects.

Programme strategy

11. The programme, an integral part of government and country programmes, will provide additional focus on the poorest communities through a mix of strategies including service delivery, advocacy and community capacity-building and mobilization. PROANDES will prioritize actions to ensure equity, access and quality of services in areas where impoverished and marginalized rural populations are concentrated, particularly in Bolivia, Ecuador and Peru. In response to demands arising from community development processes, and by agreement with national and local governments, service delivery agencies, communities and NGOs, each UNICEF country office will structure programme activities in the areas of child protection, water and sanitation, household food security, basic education, health and/or nutrition.

Administrative structure and funding

12. Each country office will have a PROANDES focal point and there will be a subregional coordination mechanism at the Regional Office for the Americas and the Caribbean. Coordination mechanisms with other United Nations agencies will be maintained by country offices and cooperation will be sought with regional institutions, social investment funds and national and international NGOs. In addition to pledges from the Spanish Committee for UNICEF and the Swedish Government, national Governments and local communities will provide counterpart funding.

Estimated annual expenditure

(In thousands of United States dollars)

	1998	1999	2000	2001	2002	Total
Bolivia	3 000	3 000	3 000	3 000	3 000	15 000
Colombia	900	900	900	900	900	4 500
Ecuador	1 200	1 200	1 200	1 200	1 200	6 000
Peru	3 250	3 250	3 250	3 250	2 250	15 250
Venezuela	250	250	300	250	200	1 250
Subregion	200	200	200	200	200	1 000
Total	8 800	8 800	8 850	8 800	7 750	43 000

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RECOMMENDATION FOR FUNDING FOR A SHORT-DURATION COUNTRY PROGRAMME**

India

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of India with a duration of one year to support activities that will lead to the preparation of a full-length country programme. The Executive Director recommends that the Executive Board approve the amount of $34,865,000) from general resources, subject to the availability of funds, and $47,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the year 1998.

* E/ICEF/1997/20.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1996. They will be contained in the "Summary of 1997 recommendations for general resources and supplementary funding programmes" (E/ICEF/1997/P/L.18).

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BASIC DATA
(1995 unless otherwise stated)

Child population (millions, 0-18 years) (1996 estimated)	380
U5MR (per 1,000 live births)	115
IMR (per 1,000 live births)	76
Underweight (% moderate and severe) (1992-1993)	53
Maternal mortality rate (per 100,000 live births) (1992-1993)	437
Literacy (% male/female)	66/38
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%) (1993)	62
Access to safe water (%) (1994)	81
Access to health services (%) (1993)	85
GNP per capita	$340
One-year-olds fully immunized against:	
tuberculosis:	96 per cent
diphtheria/pertussis/tetanus:	89 per cent
measles:	81 per cent
poliomyelitis:	90 per cent
Pregnant women immunized against:	
tetanus:	79 per cent

THE SITUATION OF CHILDREN AND WOMEN

1. As described in the country note reviewed by the Executive Board in January 1997 (E/ICEF/1997/P/L.9), while progress is visible in almost all development sectors, the situation of India's children is marked by diversity, the continuing influence of disparities of gender, caste and class, and the challenge of enormous numbers - nearly 380 million in 1996. Rapid economic growth has continued, with the impact of liberalization reforms increasingly felt across all sections of society. There have been major gains for children in terms of a sharp decline in vaccine-preventable diseases and the virtual eradication of dracunculiasis. High levels of iodization of salt and greater access to safe drinking water have also been achieved. Yet nearly 2 million children under five years old continue to die each year due to the interaction of infection and malnutrition. Almost 50 per cent of children still drop out from primary school before class 5, and child labour persists on a large scale. Over 100,000 women die each year from causes related to pregnancy and child birth. Sanitation coverage remains low, while growing problems of water quality threaten achievements in the provision of safe drinking water.

2. Recent positive developments include the launch of a national Reproductive and Child Health (RCH) programme and the holding of two rounds of national immunization days, which underlined the feasibility of the eradication of polio. A Supreme Court of India judgement on the elimination of child labour in hazardous industries and the introduction of legislation to make elementary education a fundamental right under the Constitution have given a new impetus to children's rights. India has submitted its first country report to the Committee on the Rights of the Child.

PROGRAMME COOPERATION, 1996-1997

3. The two-year (1996-1997) "bridging" programme approved by the Executive Board in 1996 (E/ICEF/1996/P/L.52) provided an opportunity to refine strategies and explore shifts in major programme areas. During the period, support was provided for the launching of new approaches to strengthen convergence and community action in 50 districts and selected towns and cities. Women's empowerment and decentralization were supported through the orientation of over 100,000 newly elected women members of local bodies (panchayats). Expansion of the national Child Survival and Safe Motherhood (CSSM) programme to all districts has provided the base for the design of a new RCH programme.

4. UNICEF supported the launching of new strategies to prevent malnutrition drawing on the network of 500,000 village-level anganwadis (child-care centres) as part of the nation-wide Integrated Child Development Services (ICDS) programme, and the creation of new capacity for salt iodization and extension of the ban on non-iodized salt to all states but one. Refinement and initial scaling-up of new strategies ("joyful learning") for child-centred teaching were supported, and there was strong advocacy for education as a right of all children. Innovative non-governmental organization (NGO) initiatives against child labour and the promotion of the child labour-free label "Rugmark" have shown that rural inspection systems are workable and can also be effective in creating awareness outside the country. Alliances were broadened around the Convention on the Rights of the Child, and the first awareness campaign on child prostitution was launched in the lead up to the Stockholm Conference.

RECOMMENDED PROGRAMME COOPERATION, 1998

Estimated expenditure
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Convergent community action	3 000	1 000	4 000
Child survival and safe motherhood	4 500	18 000	22 500
Child's environment - water, sanitation and hygiene	6 000	10 000	16 000
Child development and nutrition	7 465	6 000	13 465
Primary education	5 500	8 000	13 500
Children in need of special protection	2 900	3 000	5 900
Planning, monitoring/evaluation, programme management and cross-sectoral costs	5 500	1 000	6 500
Total	34 865	47 000	81 865

Country programme preparation process

5. As part of the new Government of India/UNICEF programme preparation process, an analytical framework was developed that emphasized the interrelated nature of the problems affecting children and the central role of women's status and position in addressing these conditions. It also highlighted the need for intersectoral approaches to address programme goals. The IXth Five-Year Plan, developed at the same time, adopted the Convention to provide a child rights perspective and convergence as a cross-cutting strategy for all programmes.

6. On the basis of these initial efforts, a country note outlining strategies for a proposed programme of cooperation for the period 1998-2002 was prepared and submitted to the Executive Board in January. However, after further careful review at the country level, it has been decided to extend the ongoing "bridging" programme by one year to enable UNICEF and the Government of India to: (a) evaluate more fully the lessons learned from the present programme cycle, taking into account the fact that many of the initiatives launched during this period have only recently become operational; (b) further refine strategies in major programme areas such as reproductive and child health and the new rights-based approach to the programme; (c) integrate these approaches into the next programme of cooperation so that it better supports the emerging priorities of the IXth Five-Year Plan; (d) encourage wider country participation in the programme's new directions, especially with new partners in civil society; (e) provide further opportunity to prepare and update state-level plans of action for children that will reflect new national priorities and explore the operational implications of a rights perspective at state level; and (f) allow for the formulation of a more comprehensive monitoring and evaluation plan.

7. The programme has been prepared through a consultative process involving government counterparts, other United Nations agencies, the World Bank and other international financial institutions, relevant bilateral donors and NGOs. Close collaboration will be maintained with them in both implementation in 1998 and in the process of finalizing the next country programme.

Objectives and strategies

8. Towards the overall objective of fulfilling the rights of all children, the four major strategic thrusts identified in the country note - convergence, decentralization, women's empowerment and building partnerships - remain valid. Each of these will be elaborated further in the coming year in pursuit of a broader rights-based approach which aims to: (a) integrate a rights perspective into all programmes; (b) ensure increased attention to certain protection rights (notably against child labour and child prostitution); and (c) encourage a consistent analytical framework towards the fulfilment of rights for women across all sectors. It will involve developing an analysis of key areas of the Convention, identifying obligations and responsibilities at family, community and state levels. As a practical reflection of the rights approach, renewed efforts will be made towards the achievement of the National Programme of Action and World Summit for Children goals, with progress reviewed at national and state levels in 1998. In coordination with the United Nations Development Fund for Women and other United Nations agencies, the use of gender disaggregated data in programme planning will also be encouraged.

Convergent community action

9. Lessons from the ongoing experience of convergent community action will provide an important input for refining sectoral strategies and preparing for expansion to new districts. Training and capacity-building will remain central, with an increased emphasis on community monitoring. An evaluation framework will be developed to examine the extent of teamwork at the grass-roots level and identify process indicators to measure progress.

10. Capacity-building for decentralization will continue to emphasize the role of elected women members of local bodies (Panchayati Raj institutions in rural areas and Nagar Palikas in urban settings). The training of an additional 40,000 women leaders will be supported, with the training modules enriched by an evaluation of earlier orientations. The effectiveness of panchayats and Nagar Palikas in promoting programmes for children will be assessed for adaption and replication. The preparation of a "pro-poor" city plan for children and mapping exercises in selected cities will link sectoral services with NGOs and highlight the rights of the urban child, including those living in unauthorized slums.

11. Group formation around thrift and credit has proved to be a key activity to increase women's capabilities in economic and political forums. UNICEF will support identification of factors that make these groups successful in different settings and help them to establish links with formal credit institutions.

Child survival and safe motherhood

12. This will remain the core of the Government's new RCH programme, which will receive extensive funding from the World Bank and the European Union. The situation analysis indicated the need for addressing neonatal and infant mortality, the slow progress of safe motherhood interventions and the neglect of adolescent health and nutrition. UNICEF efforts will focus on: (a) demonstrating new approaches to the training and orientation of front-line health workers; (b) supporting district RCH plans using decentralized and participatory processes, working closely with partners such as the United Nations Population Fund (UNFPA), the Overseas Development Administration (United Kingdom), the Swedish International Development Authority and NGOs; and (c) emphasizing a rights approach to safe motherhood, with a focus on pregnancies occurring too early and linked with efforts to improve the care and nutrition of the adolescent girl. Action research will help to identify solutions to critical problems in this area such as ensuring the availability of specialists for emergency obstetric care at first-level referral units and identifying ways to improve women's acceptance of anaemia prophylaxis.

13. Child health will focus on newborn care and improved case management of acute respiratory infections. Joint training of ICDS anganwadi workers and auxiliary nurse midwives (ANMs) will be supported to tackle malnutrition. Support to polio eradication efforts will continue in the context of national immunization days. A detailed plan will be prepared for the Government to assume full responsibility for the expanded programme on immunization cold chain. A joint Government/UNICEF evaluation of CSSM will be carried out.

Child's environment - water, sanitation and hygiene

14. India's decision to raise its norms for access to safe drinking water in terms of quantity, quality and distance under the IXth Plan has underlined the persistence of underserved areas and groups. UNICEF support to the National Water Mission will concentrate on promoting the sustainability of investments in hand-pump technology through renewed efforts to improve the quality of drilled wells, community-based maintenance and watershed management. Alternate technologies such as rainwater harvesting and spring protection to reach underserved groups will continue to be developed. Pilot initiatives to improve the quality of water through for water quality surveillance and local testing will be promoted. Advocacy for the protection of the environment will draw on the results of the "Fresh-water Studies" initiated under the current programme.

15. Increasing focus will be given to promoting school and community sanitation and hygiene. Private initiatives for improving access through promoting a range of technology options will be encouraged. Capacity-building for women in masonry, maintenance and as entrepreneurs will remain. Evaluations of the status of hand-pumps and control of diarrhoeal diseases/water and sanitation strategy will be carried out to contribute to the design of the new programme for 1999-2002. Efforts to prevent the deterioration of the urban environment will be a new area of focus and strategy formulation.

Child development and nutrition

16. There is growing awareness that malnutrition among young children is not primarily a food problem, but one that is linked to health and caring practices, low nutritional status of adolescent girls, very early pregnancy resulting in

low birth weight, and inappropriate infant feeding practices. Successful strategies where ICDS anganwadi workers and ANMs have been trained together in preventing malnutrition early in life will be documented. A major emphasis will be on communication for behaviour change in the family, including a focus on the role of men, and the community so that caring practices can be strengthened. UNICEF will address emerging challenges in nutrition through action research in anaemia prevention and zinc deficiency.

17. Support to early childhood development will promote infant and early childhood stimulation. Stronger linkages will be forged between the ICDS preschool centres and primary schools. Following success in raising the availability of iodized salt, attention will focus on institutionalizing a monitoring system to support universal salt iodization. Feasibility studies on fortification with vitamin A, iron and other micronutrients will provide inputs for a new programme. Adolescent nutrition will be addressed jointly with other United Nations agencies through the RCH programme.

Primary education

18. A major concern is the variation in primary school enrolment and completion rates by gender and between states and districts. Advocacy will support the mobilization of resources needed to translate into reality the recent policy decision to make elementary education a fundamental right under the Constitution. UNICEF will support: (a) the expansion of the media campaign for the new National Elementary Education Mission; (b) demonstrations of successful child-centred approaches in the classroom and strengthening teachers' competencies; (c) encouraging and documenting approaches to community-managed primary schools and local monitoring systems; (d) distance education and links with "open" schools; and (e) joint training of functionaries from education, health and other sectors to encourage convergence and coordination, as the school-age population is an important target for the promotion of healthy lifestyles, including hygiene education and the prevention of HIV/AIDS.

19. The Joint Programme in support of Primary Education, involving the United Nations Development Fund, UNICEF, UNFPA, the International Labour Organisation, the United Nations Educational, Scientific and Cultural Organization and the Government of India, will explore innovative approaches in 120 blocks of 8 states, emphasizing the need for micro-planning and community-level management. Close linkages will continue with the World Bank/European Union-supported District Primary Education Programme, into which was Bihar Education Project was merged. UNICEF will fund strategic components, including preparatory work in awareness-building, women's group formation and teacher training.

Children in need of special protection

20. Following the recent Supreme Court judgement, there is even greater awareness and determination of the Government to eliminate child labour. UNICEF will continue to advocate for preventive strategies, notably through universal primary education. Efforts will focus on: (a) documenting success stories where children have been removed from the labour force and enrolled in primary school; (b) establishing partnerships with NGOs to promote awareness among parents and the community in areas from where child labour is drawn; and (c) expanding support to training/orientation of personnel from enforcement agencies and NGOs. A media campaign will be developed to highlight child labour as a violation of child rights.

21. Awareness about the extent and exploitative nature of child prostitution is growing, and effective preventive strategies are being defined. Joint efforts have been initiated between the National Human Rights Commission and

National Women's Commission, with the Department of Women and Child Development playing a coordinating role. UNICEF support will focus on: (a) information targeted to men; (b) advocacy to stop the trafficking of girls both within and across borders; and (c) support to NGOs developing models for the rehabilitation of children who have left prostitution. These will be linked to the development of city-wide plans for street children. Attention to the rights of the disabled child will form part of training modules on child rights. Research and studies will reinforce action on the rights of children in need of special protection.

22. In addition to the programme-specific communication elements noted above, increased alliance-building will include interaction with legislators, law enforcement agencies, professional training institutions and the media to support public monitoring of implementation of the Convention. A special effort will be made to improve the portrayal of child rights in the media, building on the Asia Media Summit and focusing on the girl child. Action research in support of a regional communication initiative, the "Meena" animation series, will develop links to training of animators in the ICDS and school system.

Planning, monitoring/evaluation, programme management and cross-sectoral costs

23. Plans for the new long-term country programme will continue to be refined using a Logical Framework Analysis (LFA) that emphasizes intersectoral action. Monitoring will be based on: (a) indicators derived from LFA; (b) monitoring of child rights through a focus on the collection and use of disaggregated data, as well as on attention to specific groups whose rights are not fulfilled; and (c) a second round of multi-indicator cluster surveys to measure progress towards achieving child goals. Evaluations and studies will be carried out to assess programme performance, determine best practices in implementation and identify emerging opportunities. A programme review in early 1998 will consolidate lessons learned from the present "bridging" period and build these insights into the new longer-term country programme of cooperation.

24. The UNICEF country office is reviewing its internal structures to respond better to the challenges of the new programme, to strengthen the role of UNICEF as a catalyst and its ability to: (a) leverage with ideas; (b) identify ways to strengthen advocacy capacities; and (c) build and sustain effective partnerships. It will also continue to strengthen field operations, especially in states with the poorest social indicators. There will be a major emphasis on team-building to facilitate support to the intersectoral nature of the new country programme, with clear responsibilities at state and national levels.

25. National programme support is coordinated by the nodal Department of Women and Child Development. Support within this national framework is provided by UNICEF at state and district levels to government and other implementing agencies, including NGOs, through a network of 10 state offices. General resources will be used mainly for the implementation of specific components of government programmes at national, state and district levels, while supplementary funds will be used to enhance the quality and coverage of programmes for children through both the Government at various levels and NGOs.

Partnerships

26. Building on the United Nations Common Country Position Statement, UNICEF will collaborate with other United Nations funds and programmes to prepare a United Nations Development Assistance Framework. Follow-up to international conferences and the development of coordinated programming on key areas will form the focus of United Nations inter-agency cooperation. UNICEF will continue to encourage a focus on the child in all United Nations programming.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET, 1998 (In thousands of US dollars)			POSTS a/										Total Posts	STAFF COSTS c/ (In thousands of US dollars)		
				EXISTING POSTS						SUBTOTAL							
	GR	SF	Total	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP d/	GS			IP	Local	Total
GENERAL RESOURCES																	
Convergent Community Action	3,000		3,000	0	0	1	1	0	0	2	5	3	10		304.2	220.9	525.1
Child Survival and Safe Motherhood	4,500		4,500	0	0	1	1	0	0	2	1	3	6		304.2	92.3	396.5
Child's Environment - Water, Sanit. & Hygiene	6,000		6,000	0	0	1	1	0	0	2	2	3	7		304.2	128.8	433.0
Child Development and Nutrition	7,465		7,465	0	0	1	1	1	0	3	11.7	3	17.7		422.7	454.3	877.0
Primary Education	5,500		5,500	0	0	1	1	2	0	4	7	3	14		304.2	305.2	609.4
Children in need of Special Protection	2,900		2,900	0	0	1	1	1	0	3	12	1	16		422.7	421.1	843.8
Plan., Monit./Eval., Prog. Mgmt. & Cross-sectoral Costs	5,500		5,500	0	1	1	1	3	0	6	13	89	108		834.6	1449.9	2284.5
TOTAL GR	34,865		34,865	0	1	7	7	7	0	22	51.7	105	178.7		2896.8	3072.5	5969.3
SUPPLEMENTARY FUNDING																	
Convergent Community Action		1,000	1,000	0	0	0	0	0	0	0	0	0	0		0	0	0
Child Survival and Safe Motherhood		18,000	18,000	0	0	0	0	0	0	0	12.3	4	16.3		0	523.1	523.1
Child's Environment - Water, Sanit. & Hygiene		10,000	10,000	0	0	0	1	2	0	3	10	2	15		376.2	388.9	765.1
Child Development and Nutrition		6,000	6,000	0	-	0	0	0	0	0	0	0	0		0	0	0
Primary Education		8,000	8,000	0	0	0	0	0	0	0	0	0	0		0	0	0
Children in need of Special Protection		3,000	3,000	0	0	0	0	0	0	0	0	0	0		0	0	0
Plan., Monit./Eval., Prog. Mgmt. & Cross-sectoral Costs		1,000	1,000	0	0	0	0	0	0	0	0	0	0		0	0	0
TOTAL SF		47,000	47,000	0	0	0	1	2	0	3	22.3	6	31.3		376.2	912.0	1288.2
TOTAL GR & SF			81,865	0	1	7	8	9	0	25	74	111	210		3273.0	3984.5	7257.5
SUPPORT BUDGET & PROGRAMME SUPPORT BUDGET (Proposed, 1998)	Operating costs			1	1	1	3	0	0	6	12	87	105		942.5	1631.8	2574.3
	Staffing b/																
GRAND TOTAL (GR + SF + SB)				1	2	8	11	9	0	31	86	198	315		4215.5	5616.3	9831.8
	Number of posts and staff costs:																
	• At the beginning of previous programme (1996-97)									33	86	197	316				
	• At the end of the proposed programme (1998) (indicative only)									31	86	198	315				

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ The posts are effective as of January, 1998
c/ Project posts are funded for the duration of the programme i.e. one year
d/ 2 NPOs are funded partly from GR under Child Development & Nutrition and partly under SF under Child Survival & Safe Motherhood
Abbreviations : GR = general resources; SF = supplementary funding; SB = Support Budget; IP = International Professional; NP = National Professional; GS = General Service

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FOR ACTION

RECOMMENDATION FOR FUNDING FOR A SHORT-DURATION COUNTRY PROGRAMME**

Algeria

SUMMARY

This document contains a recommendation for funding, from general resources and supplementary funds, for the three-year country programme of Algeria that supports activities where the country programme is under preparation. The Executive Director recommends that the Executive Board approve the amount of $2,748,000 from general resources, subject to the availability of funds, and $1,600,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1998-2000.

* E/ICEF/1997/20.

** The figures provided in this document are final and take into account unspent balances of programme cooperation at the end of 1996. They will be contained in the "Summary of 1997 recommendations for general resources and supplementary funding programmes" (E/ICEF/1997/P/L.18).

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Basic data (1995 unless otherwise stated)

Child population (millions, 0-17 years)	13
U5MR (per 1,000 live births)	40
IMR (per 1,000 live births)	35
Underweight (% moderate and severe)	13
MMR (per 100,000 live births, 1990)	160
Literacy (% male/female)	74/49
Primary school enrolment (% net male/female)	95/90
Primary school children reaching grade 5 (%, 1994)	94
Access to safe water (%)	78
Access to health services (%, 1993)	98
GNP per capita	$1,600

One-year-olds fully immunized against:

tuberculosis:	93 per cent
diphtheria/pertussis/tetanus:	83 per cent
measles:	77 per cent
poliomyelitis:	83 per cent

Pregnant women immunized against:

tetanus:	52 per cent

THE SITUATION OF CHILDREN AND WOMEN

1. The past two years in Algeria have witnessed significant political and socio-economic developments. Multi-party presidential elections were organized for the first time in November 1995, followed, in November 1996, by a referendum on a revision incorporating pluralism and democratic principles in the Constitution. The security situation remains worrying and is a major concern for the country. Persistent violence, often characterized in recent months by the wholesale massacre of civilians, is affecting a large number of children and women. It is a serious obstacle to the process of economic and social recovery and comes at a time when Algeria has resolutely embarked on the establishment of structural adjustment plans in accordance with the recommendations of the International Monetary Fund. In macroeconomic terms, the results have been convincing - foreign exchange reserves are up ($5.3 billion in 1996 compared to $3.5 billion in 1995) and the gross domestic product rose by 4.2 per cent in 1996 compared to 3.5 per cent in 1995. Nonetheless, in social terms, the population in general is worse off than before (there was a 20 per cent decrease in purchasing power in 1996) and the unemployment rate is high (28 per cent for the labour force as a whole and 55 per cent in the 20-24 years age group). Algeria derives 95 per cent of its foreign currency income from its hydrocarbon resources. It relies on imports for 70 per cent of its food needs, particularly cereals, milk, sugar and coffee.

2. The results of the national survey on mid-decade goals (multiple indicator cluster survey (MICS)) show an improvement in the immunization coverage of children under one year of age. A number of factors have contributed to this: the regular supply of vaccines, a strengthened cold chain, the retraining of paramedical personnel, more effective epidemiological monitoring. The hospitalization rate for diarrhoea in children two years of age and under and the hospital mortality rate dropped from 26 per cent in 1994 to 13 per cent in 1996; the rate of use of oral rehydration therapy is 37 per cent, but 86 per cent of mothers administer some sort of treatment. Around 92 per cent of the salt consumed in Algeria is iodized. Acute respiratory infections (ARI) are the primary cause of death among hospitalized children under five years of age. Fifty-six per cent of children under four months old are exclusively breastfed. The survey on maternal and infant mortality conducted by the Ministry of Health in 1989 showed that 24 per cent of deaths among women between 15 and 49 years of age were maternity-related. The MICS also shows that 3 per cent of children under five years of age were severely underweight in 1995 compared to 1.5 per cent in 1992.

3. In 1996, the Government allocated 23 per cent of the State budget to the education sector. The number of children receiving basic education (6-15 years of age) has gone from 5.1 million in 1986-1987 to 6.4 million in 1996-1997 out of a population estimated, in 1997, at 29 million. According to the World Education Report published by the United Nations Educational, Scientific and Cultural Organization in 1996, the number of illiterates is estimated at 6,582,000 (66 per cent are female). According to the Ministry of National Education the reasons for the disparity in school attendance rates between girls and boys have to do, in certain regions (the sparsely populated far south and high plateau regions), with the fact that children have to travel great distances to get to school from their homes and there is no transport. The closing of school canteens (in 1985 there were 5,296 providing meals to 37 per cent of the pupils in primary school, compared to 3,825 and 12 per cent in 1996) accentuates this disparity. In the context of the discussion on reform of the educational system, the Ministry has inquired about the new educational approach advocated by UNICEF: "global education".

4. The Ministry of Labour and Social Protection estimates the number of children abandoned by teenage mothers at 3,000 per year, out of 750,000 births. The number of school-age handicapped children is estimated at 134,000.

5. In the framework of the implementation of the provisions of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, ratified in 1992 and 1996, respectively, the Government recently set up follow-up and evaluation bodies, inter alia, the Higher Council for Youth, the Higher Council on Education and the National Council for Women.

PROGRAMME COOPERATION, 1996-1997

6. The cooperation programme for 1996-1997 was designed to safeguard the progress achieved, particularly in the fields of health and education, in the face of a difficult socio-political situation. Strategies were based on:

(a) strengthening the resources and capacities of the institutions and agencies involved in the cooperation programme at the national and local levels; and
(b) mobilizing decision makers and the population in general for a stronger commitment to children.

7. In the health programme, stress was laid on eradicating poliomyelitis and increasing immunization coverage rate for measles. Three national immunization campaigns for all children under four years of age were conducted in 1994, 1995 and 1996. Only two cases of polio were confirmed by the Institut Pasteur of Algeria in 1996 compared to four in 1995. Immunization coverage against measles rose from 69 per cent to 77 per cent. UNICEF provided the Ministry of Health and Population with 16 million doses of vaccines, largely thanks to supplementary funds donated by the Government of Spain and by Rotary International.

8. UNICEF contributed to the strengthening of the cold chain and the training of basic personnel. Within the framework of the ARI project, it contributed to the training of 190 general practitioners and paediatricians servicing 12 pilot zones, to the provision of equipment, and to the design and printing of the guide to ARI control (5,000 copies). UNICEF provided 375,000 oral rehydration salt packets. Within the context of the maternal and child health (MCH) project, UNICEF contributed to the holding of five regional seminars for 220 midwives on breastfeeding and financed the production of the national nutrition guide (5,000 copies) and the holding of a national seminar on nutrition (50 participants). UNICEF is assisting the Ministry in the preparation of a national programme to reduce maternal mortality. UNICEF has been a member of the thematic group of the Joint and Co-sponsored United Nations Programme on HIV/AIDS (UNAIDS) since 1996 and is participating in the development of this programme.

9. In support of the education programme, UNICEF has made a technical and material contribution to the integration of health education in schools in 22 wilayate (departments) of the country, in particular, by providing teaching and audio-visual materials to 102 experimental schools and facilitating the training of 80 teachers and primary and secondary school inspectors. UNICEF contributed to the opening of 333 integrated literacy classes for women and girls and provided teaching materials and practical equipment (sewing machines, weaving looms, knitting machines). This project has received a sizeable contribution from the Canadian International Development Agency and the Spanish and French Committees for UNICEF. The Ministry of National Education has begun reviving the network of school canteens; in this context, UNICEF has contributed to the retraining of 2,400 managers (school principals, teachers and bursars) in 1995-1996. UNICEF contributed to the holding of the first national seminar on global education, which was attended by 45 primary and secondary school inspectors and conducted by an international expert and the regional adviser on education.

10. In the context of the child protection programme, priority has been accorded to extending the project for the integration of handicapped children in schools. UNICEF provided equipment to 12 classes for 102 hearing or sight impaired children. UNICEF also provided equipment to two day-care centres for children without families.

11. Communication and social mobilization and advocacy have been important activities during this period. UNICEF supported the National Newsreel Agency (ANAF) and the National Institute of Public Health (INSP) in the production and dissemination of audio-visual and graphic materials: 20 television spots, 16 radio spots and more than 15 posters, brochures and leaflets were produced during these past two years for different programmes. Advocacy has focused, in particular, on the popularization of the two Conventions in cooperation with a number of non-governmental organizations at the local and national levels and with State institutions.

12. UNICEF, in cooperation with the World Health Organization (WHO) and the United Nations Population Fund (UNFPA), has initiated and provided technical and material support for the conduct of the MICS, which was carried out by the Ministry of Public Health and Population. UNICEF has also made a technical and material contribution to the preparation of a national survey on anaemia in children and women of child-bearing age, to be held in 1997, and to the drafting and transfer to national experts of the analysis of the situation of women and children in Algeria, completed in 1996.

Lessons learned from recent cooperation

13. The routine system of health data collection and analysis, which is bureaucratic and inefficient, is not living up to the expectations of the Ministry of Public Health and Population. For the purposes of sound and optimal planning, this system must be made reliable and effective.

14. Thus far programmes have been designed for development at the national level. This approach makes it impossible to focus on backward areas. An area-based approach would yield greater value added.

15. Regional cooperation at the level of the Maghreb would be necessary in order to meet the goals of the decade. For example, such cooperation would be useful in eradicating polio from the pocket at El Oued on the border with Tunisia, where it remains endemic.

16. Capacities and resources in the field of information and communication are under-utilized. In a country where 95 per cent of the households have television (most receive foreign channels by satellite), its utilization should be optimized through the globalization of communication, social mobilization and advocacy within the framework of the two Conventions.

RECOMMENDED PROGRAMME OF COOPERATION

Estimated annual expenditure

(Thousands of United States dollars)

	1998	1999	2000	Total
General resources				
Health	375	375	375	1 125
Education	220	220	220	660
Child protection	100	100	100	300
Social mobilization and advocacy	130	130	130	390
Cross-sectoral costs	91	91	91	273
Subtotal	916	916	916	2 748
Supplementary funding				
Health	250	250	175	675
Education	250	200	175	625
Child protection	100	100	100	300
Subtotal	600	550	450	1 600
Total	1 516	1 466	1 366	4 348

Goals, objectives and strategies

17. The goal is to contribute to enhancing the well-being of children and women in Algeria through a development-oriented approach whose main strategies are: social mobilization; strengthening of cross-sectoral linkages among the different national institutions; promotion of cooperation among United Nations agencies; building of the human and technical capacities of national institutions and non-governmental organizations; and concentration of efforts on the most deprived regions (southern and high plateau areas) in order to reach the poorest populations.

18. This programme has four components: health; education; social mobilization and advocacy; and child protection. A community development project will also be set up jointly by UNICEF, the United Nations Development Programme (UNDP) and UNFPA.

Health

19. The health programme includes four projects: immunization; control of diarrhoeal diseases (CDD); control of acute respiratory infections (ARI); and maternal and child health (MCH). The health programme is aimed at supporting the Ministry of Health and Population, which has set itself the goal of reducing both infant and maternal mortality by 15 per cent. To this end, national immunization days will be coupled with mopping up activities in specific areas. UNICEF will support, in particular, the sustainable strengthening of the

national heath information system and of the epidemiological monitoring system. With regard to ARI, CDD and MCH, 828 trainers will be briefed. By promoting safe motherhood, UNICEF will contribute to the national programme to combat maternal mortality, which receives technical and material support from UNFPA and WHO. A national nutrition programme will be developed with support from, inter alia, WHO and UNFPA. Within this context, UNICEF will provide assistance to INSP to conduct a national survey and specific studies. The development of the UNAIDS project in which UNICEF, WHO, UNDP and UNFPA are participating, will be continued.

Education

20. The education programme is based on the principle of education for all with a view to reducing gender-based and social disparities. The goals of this programme are: the integration of global education in teaching methods; the promotion of school canteens in order to reduce the drop-out rate among girls and provide better nourishment to the pupils; and the elimination of illiteracy among girls and women. UNICEF will provide its support to the Government for the training of 800 school administrators in the techniques of using global education methods and, in particular, the techniques of health education. UNICEF will contribute to the training of 1,300 school dieticians. UNICEF will also contribute to the training of 200 teachers and to teaching materials and technical equipment for 200 literacy classes for 50,000 girls and women ranging from 10 to 44 years of age in 10 wilayate.

Child protection

21. The objectives of the Ministry of Labour and Social Protection are to build local capacities to assume responsibility for and to integrate handicapped children and children without families, and to enable the Ministry and non-governmental organizations to build their capacities for studies, evaluation and follow-up in this area. UNICEF will assist with the establishment of 20 new integrated classes for hearing, sight or mentally impaired children, the technical and material strengthening of two day-care centres and, in particular, the development of the national adoption network in cooperation with non-governmental organizations and public institutions and the launching of studies and surveys focusing on the linkage between violence and the mental and physical health of children and mothers.

Social mobilization and advocacy

22. Communication, social mobilization and advocacy are essential tools of programme development. The main goals are to build the knowledge and influence the attitudes and behaviour of the population in general and of the family in particular in the areas of health, education and social well-being. The main activities are: (a) the introduction of a global communication plan to be implemented by a cross-sectoral team representing all the institutions involved, including television and radio; and (b) the building of the social marketing capacities of ANAF, INSP and non-governmental organizations. Within the context of advocacy activities, UNICEF will continue to seek supplementary funds from various countries, including the Euro-Mediterranean countries; foreign

companies, in particular oil companies, established in Algeria; and other donors.

23. UNICEF, UNDP and UNFPA have made a commitment to set up a pilot community development project in the far south of the country which would integrate, inter alia, health, education, social protection, family planning and the promotion of economic activities. To this end, UNICEF will seek supplementary funds for the project.

Cross-sectoral strategies and cooperation with other agencies

24. During this cooperation cycle, UNICEF will extend its cooperation to new partners such as the Ministry of Youth and Sports, the Higher Council for Youth and the Ministry for National Solidarity and the Family. UNICEF has harmonized its programming cycle with those of UNDP and UNFPA for the period 1998-2000. In July 1997, UNICEF and the other United Nations agencies will move their offices to a new building graciously provided by the Government of Algeria.

Programme management

25. The UNICEF office will build its human and technical capacities in the fields of programming and technical support in order to complete the cooperation programme which was prepared in close consultation with all the ministries and institutions involved. This programme will be set up and periodically evaluated by a cross-sectoral group, including UNICEF. Lastly, a biannual evaluation and a mid-term review of the programme are planned.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : ALGERIA
PROGRAMME : 1998-2000

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH	1,125,000			1,125,000	0	0	0	0	0	0	0	1	0	1	0	52,139	52,139
EDUCATION	660,000			660,000	0	0	0	0	0	0	0	0.5	0	0.5	0	26,070	26,070
SOCIAL MOBILIZATION AND ADVOCACY	390,000			390,000	0	0	0	0	0	0	0	1	0	1	0	38,006	38,006
CHILD PROTECTION	300,000			300,000	0	0	0	0	0	0	0	0.5	0	0.5	0	26,070	26,070
CROSS-SECTORAL COSTS	273,000			273,000	0	0	0	0	0	0	0	0	4	4	0	88,351	88,351
TOTAL GR	2,748,000			2,748,000	0	0	0	0	0	0	0	3	4	7	0	230,634	230,634
SUPPLEMENTARY FUNDING :																	
HEALTH - -		0	675,000	675,000	0	0	0	0	0	0	0	0	0	0	0	0	0
EDUCATION		0	625,000	625,000	0	0	0	0	0	0	0	0	0	0	0	0	0
SOCIAL MOBILIZATION AND ADVOCACY		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILD PROTECTION		0	300,000	300,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	1,600,000	1,600,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL GR & SF	2,748,000	0	1,600,000	4,348,000	0	0	0	0	0	0	0	3	4	7	0	230,634	230,634
SUPPORT BUDGET		Operating costs		610,314													
		Staffing			0	0	1	0	0	0	1	2	5	8	522,721	219,705	742,426
GRAND TOTAL (GR + SF + SB)					0	0	1	0	0	0	1	5	9	15	522,721	450,339	973,060
Number of posts and staff costs:																	
Current programme cycle											1	3	8	12			
At the end of proposed programme cycle (indicative only)											1	5	9	15	522,721	450,339	973,060

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

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Item 4 of the provisional agenda*

RECOMMENDATION FOR FUNDING FOR A SHORT-DURATION COUNTRY PROGRAMME AND FOR ADDITIONAL GENERAL RESOURCES TO FUND THE APPROVED COUNTRY PROGRAMME**

Islamic Republic of Iran

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of the Islamic Republic of Iran with a duration of two years to support activities that will lead to the preparation of a full-length country programme. It also contains a recommendation for additional general resources to fund the approved country programme for which the balance of approved general resources is not sufficient to fund the programme up to the approved programme period. The Executive Director recommends that the Executive Board approve:

(a) The amount of $2,700,000 from general resources, subject to the availability of funds, and $1,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1998 to 1999;

(b) Additional general resources in the amount of $321,250, to achieve the objectives of the country programme as originally approved by the Board.

* E/ICEF/1997/20.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1996. They will be contained in the "Summary of 1997 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.18).

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BASIC DATA
(1995 unless otherwise stated)

Child population (millions, under 18 years)	
U5MR (per 1,000 live births)	
IMR (per 1,000 live births)	
Underweight (% moderate and severe)	
Maternal mortality rate (per 100,000 live births, 1990)*	1
Literacy (% male/female)	78/
Primary school enrolment (% net, male/female, 1994)	99/
Primary school children reaching grade 5 (%, 1994)	
Access to safe water (%)	
Access to health services (%, 1994)	
GNP per capita	$1,0
One-year-olds fully immunized against:	
tuberculosis:	99 per cen
diphtheria/pertussis/tetanus:	97 per cen
measles:	95 per cen
poliomyelitis:	97 per cen
Pregnant women immunized against:	
tetanus:	82 per cen

* According to the routine reporting system of the Ministry of Health an Medical Education, the maternal mortality rate is 40 per 100,000 live births.

THE SITUATION OF CHILDREN AND WOMEN

1. Since 1990, the economy of the Islamic Republic of Iran has been characterized by rapid inflation and declining real income, with resulting negative effects on the situation of children and women. According to the Central Bank, the average inflation rate in 1996 was 60 per cent. Since 1993, retail prices for such basic food items as bread, meat and rice have increased substantially. The per capita gross national product (GNP) declined from $2,32 in 1989 to $1,033 in 1994. In addition, the country continues to feel the impact of the eight-year war with Iraq, is hosting 3 million Afghan and Kurdish Iraqi refugees and suffers repeated natural disasters such as floods and earthquakes.

2. The Islamic Republic of Iran's Parliament ratified the Convention on the Rights of the Child in 1994. The country achieved all the mid-decade goals, except the goal for elimination of iodine deficiency disorders (IDD), and the Government has made a strong commitment to sustaining those achievements and to meeting the goals for the year 2000. Both the International Conference on Population and Development and the Fourth World Conference on Women helped to enhance the role of women in society and to initiate and strengthen a number of grass-root programmes for women, including a women's non-governmental organization (NGO) coordination committee and over 60 rural women's cooperatives. However, the Government has yet to ratify the Convention on the Elimination of All Forms of Discrimination against Women.

3. Preliminary data from the 1996 national census show a decline in the population growth rate. Almost one half of the population is under 18 years of age, posing a challenge to the Government in terms of educational planning and employment opportunities. The urban population is increasing at the rate of almost 6 per cent each year, with 60 per cent of the total population now living in urban areas, making increasing demands on already stretched urban basic services.

4. With the expansion of the primary health care (PHC) network to over 4,000 health centres and health houses, reaching 83 per cent of the rural population, the under-five mortality rate has declined steadily, from 120 per 1,000 live births in 1983 to 40 in 1996. According to the Ministry of Health and Medical Education, neonatal mortality accounted for two thirds of all deaths of children under five years of age. Premature births, low birth weight and neonatal infections (including pneumonia) are the leading causes of neonatal deaths.

5. Data from the UNICEF-supported multiple indicator cluster survey (MICS) show significant progress towards the achievement of the goals for the decade. However, 16 per cent of children under five years of age are malnourished, an additional 19 per cent have chronic malnutrition (stunting) and 7 per cent show signs of wasting. The survey also shows that 85 per cent of families use iodized salt.

6. Primary school enrolment rates are high, although data are lacking on the quality of education and levels of achievement on completion of primary education. Gender disparity in enrolment and completion still exists at the subnational level, especially in the provinces of Kurdistan, Hormazgan and Kohkiloyeh-Boyerahmad, which are remote and hard to reach. A recent study indicates that children in these areas often have to work in carpet factories and farms to supplement the family income. The lack of women teachers, cultural factors and traditional customs have also been identified as factors for girls' lower enrolment and completion rates.

PROGRAMME COOPERATION, 1993-1997

7. The principal goals of the programme of cooperation were to reduce child and maternal mortality, empower families with basic knowledge and skills needed for a healthy life, improve nutritional status of children, improve female school enrolment rates, empower women and promote the Convention on the Rights of the Child.

8. To respond to the challenge of providing basic health care to the rapidly increasing urban population, the Ministry of Health and Medical Education is directing its attention to further expansion of its urban PHC network by involving the private sector in the delivery of preventive health services. UNICEF supported the successful use of female community health volunteers in providing health services under the area-based programme, which encouraged the Ministry to expand the initiative to the rest of the country. By the end of 1996, the number of women volunteers had increased from 500 in 1993 to 24,000, and the project now covers a population of about 5.5 million. The programme has been successful in sustaining immunization coverage at above 90 per cent and has intensified its efforts for the eradication of polio by organizing four national immunization days, each involving over 500,000 community volunteers to provide polio drops to around 8.5 million children under five years of age.

9. A pilot project to reduce malnutrition has been initiated by the Ministry of Health and Medical Education in collaboration with the Ministry of Agriculture and UNICEF. The project, which covers a population of around 130,000, including 13,000 children under three years of age, is helping to develop a malnutrition prevention model for replication in the country under the Third National and Socio-economic Development Plan.

10. For the first time since the re-establishment of the UNICEF office in Teheran in 1985, a pilot project on improving girls' education was implemented jointly with the Ministry of Education. The project aimed to identify factors that hinder girls' access to education in rural areas of three deprived provinces of Kurdistan, Hormazgan and Kohkiloyeh-Boyerahmad. The first phase of the project, which has been completed, identified factors affecting girls' enrolment and completion. The second phase, which will develop strategies and initiatives to overcome these factors, will be implemented as a part of the new programme of cooperation.

11. The mid-term review, held in October 1995, reaffirmed the principal goals of the programme and confirmed that with the achievement of most mid-decade goals, the programme should now focus on the goals for the decade. The review recommended a more specific focus on reduction of neonatal and maternal mortality, further strengthening of routine data collection, analysis and dissemination, and involvement of policy makers and opinion leaders in addressing the economic and cultural factors restricting girls' access to education, especially in remote and deprived areas of the country.

Lessons learned

12. National-level data on programme performance are essential to monitor progress towards the achievement of the decade goals. However, national averages often hide disparities in coverage. Ensuring availability of data that are disaggregated by gender, geographical area, economic status and ethnicity is a pre-requisite to effective implementation of the Convention on the Rights of the Child.

13. The qualitative survey on the reasons for non-enrolment and non-completion of primary education by girls in three remote provinces has shown that availability of female teachers is an important factor affecting parents' decisions to enrol their daughters in school. It also showed that while poverty is often cited as the reason for not sending girls to school, the boys from the same houses were sent to school. Strategies to increase girls' enrolment and completion in primary schools will have to transcend the confines of the educational sector and address deep-seated cultural and traditional beliefs and practices related to the "value" of girls.

14. With its limited resources, the comparative advantage of UNICEF lies in supporting pilot projects that clearly demonstrate the effectiveness of a given strategy. When successful, these pilot projects can play a critical role in mobilizing government resources for replication at national level or influencing the design of national programmes. For example, the integrated area-based project successfully demonstrated the impact of the use of women community health volunteers to increase the use of PHC services in peri-urban areas. As a result, the Ministry of Health and Medical Education has adopted the strategy to increase PHC coverage in all peri-urban areas of the country.

15. In the interests of more efficient programme delivery, the proposed programme will consolidate the projects and programmes that constituted the previous programme.

16. Frequent natural disasters such as floods and earthquakes resulted in reprogramming of funds for emergency relief, in consultation with the Government. These funds were complemented by an allocation from the UNICEF Emergency Programme Fund.

Recommendation for additional general resources to fund the approved country programme, 1993-1997

17. The programme of cooperation between the Government of the Islamic Republic of Iran and UNICEF for the period 1993-1997 was approved by the Executive Board in 1993 in the amount of $6 million from general resources (E/ICEF/1993/P/L.14). In 1995, the annual planning ceiling for the Islamic Republic of Iran was increased as a result of an increased child population and reduced GNP per capita. In order to meet the objectives of the approved country programme, a supplementary allocation from general resources of $321,250 is therefore requested.

Annual funding requirements

(In United States dollars)

Current programme cycle	Approved general resources funding	Additional funding proposed
1993-1997	6 000 000	321 250

RECOMMENDED PROGRAMME COOPERATION, 1998-1999

Estimated annual expenditure

(In thousands of United States dollars)

	1998	1999	Total
General resources			
Health	240	240	480
Nutrition	135	135	270
Education	315	315	630
Social mobilization and advocacy	280	280	560
Monitoring of child indicators	190	190	380
Integrated area-based programme	140	140	280
Cross-sectoral costs	50	50	100
Subtotal	1 350	1 350	2 700
Supplementary funding			
Nutrition	200	200	400
Social mobilization and advocacy	100	100	200
Integrated area-based programme	200	200	400
Subtotal	500	500	1 000
Total	1 850	1 850	3 700

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Objectives and strategies

18. The Third National Social and Economic Development Plan of the Government of the Islamic Republic of Iran will start in the year 2000. The proposed short-duration programme will harmonize the UNICEF programme cycle with those of the Government, the United Nations Development Programme (UNDP) and the United Nations Population Fund (UNFPA). The proposed programme will support the Government in achieving the goals for the decade as stated in the national programme of action. It is a continuation of the current country programme and also incorporates the recommendations of the mid-term review.

19. The proposed programme will address: disparity reduction through focusing on underserved and hard-to-reach areas in four provinces of Kurdistan, Sistan-Baluchistan, Hormazgan and Kohkiloyeh-Boyerahmad; advocacy at all levels for promotion of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; intersectoral cooperation and community mobilization, especially to increase girls' primary school enrolment and completion and to prevent malnutrition; further strengthening the PHC system by promoting such integrated approaches as the sick-child care initiative and capacity building of the government sector and NGOs; and strengthening the capacities of government departments to use data for management, programme design and for monitoring of implementation of the Convention on the Rights of the Child.

Health

20. In order to improve the quality of care available to children, UNICEF will assist the Ministry of Health and Medical Education to strengthen the management capacities (qualitative and quantitative) of mid-level managers working in 256 district health centres. UNICEF will continue to support the Ministry's efforts to improve health care services in peri-urban areas. In the city of Tabrez and Isfahan, UNICEF will support activities that enhance the involvement of private practitioners in providing preventive care. UNICEF will work closely with the Ministry and other partners (notably the World Health Organization (WHO)) in promoting a phased introduction of the sick-child care initiative; initially, the initiative will be established in one district, one district hospital, seven urban and eight rural health centres and 48 village health houses, reaching a total population of 150,000. In close cooperation with WHO, UNICEF will support the strengthening of the disease surveillance system. UNICEF will work with medical colleges in organizing workshops on PHC management for their teaching faculties.

21. The maternal and neonatal health project will support the national goal of reducing maternal mortality by 10 per cent. Starting in the provinces of Khorasan and East Azarbyjan, UNICEF will support the strengthening of surgical and anaesthesia capacities and facilities at district level and the involvement of 130 rural health centres in the management of pregnancies and immediate referrals at subdistrict level. UNICEF will also work to enhance community awareness of and response to the need for immediate transportation of identified cases to the district health centre.

Nutrition

22. The multisectoral community-based nutrition project will support the national objective of reducing the percentage of moderate and severe malnutrition from the current level of 16 per cent to 12 per cent and increasing the percentage of children who are breast-fed for at least one year from 83 to 90 per cent. The project focuses on building a national consensus on the scope and cause of malnutrition; developing a nutrition monitoring and surveillance

programme; and supporting and strengthening programmes for nutrition awareness-building. UNICEF support to this project will cover a population of 130,000, of whom 13,000 are children under three years of age, in the rural areas of Bardsir, Ilam and Borzjan districts.

23. The micronutrient project supports the national goal of virtual elimination of IDD and iron-deficiency anaemia. With over 85 per cent of households using iodized salt and the Government well in control of the programme's implementation, UNICEF will support studies on goitre prevalence and urinary iodine content initiated by the Ministry of Health and Medical Education and WHO. UNICEF will also support the government programme to test iron fortification of flour in one district.

Education

24. The education project aims to increasing girls' school enrolment by overcoming factors affecting access (lack of female teachers and educational facilities, poverty, distance from schools) through community-based activities and advocacy. Two districts in each of the four provinces of Kurdistan, Sistan-Baluchistan, Hormazgan and Kohkiloyeh-Boyerahmad, covering 40,000 girls aged 6-10 years, will be selected for a pilot project. UNICEF assistance will support work with local clergy and village councils to mobilize the community to increase girls' enrolment, attendance and completion of primary education. The Ministry of Education and provincial authorities will undertake the recruitment and placement of women teachers in these districts. UNICEF will support training of 800 male teachers in gender sensitivity and awareness in these districts. Towards the end of the programme period, UNICEF will assist the Government in evaluating this pilot project in order to help Ministry of Education design the programme for the Third National and Social Economic Development Plan. In addition, UNICEF will assist the Literacy Movement Organization in covering out-of-school girls in these districts.

Advocacy and social mobilization

25. UNICEF will support and strengthen national alliances (with NGOs, the Presidential Women's Bureau, other government agencies, universities, the private sector and international agencies) for the promotion, implementation and monitoring of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. UNICEF will mobilize the mass media for production of relevant programmes, and will translate, launch and/or disseminate publications and other information in support of such national events as immunization days, the International Children's Day of Broadcasting, International Children's Day and the national breast-feeding week.

Monitoring

26. The thrust of this programme is to improve national capacity in terms of data collection, management and dissemination and effective use of knowledge and information pertaining to the Convention on the Rights of the Child. UNICEF will support the design and implementation of low-cost surveys and evaluations (MICS at subnational level). UNICEF will also support intersectoral and inter-agency cooperation to establish a common, central national database for children and women.

Integrated area-based programme

27. The key strategy of the integrated area-based programme is to identify and support innovative ways of strengthening community organization and participation to accelerate the achievement of the goals for children and women

in two districts in each of the provinces of Kurdistan, Sistan-Baluchistan, Hormazgan and Kohkiloyeh-Boyerahmad (the same as those selected for the girls' education project). UNICEF support will include training of 240 government workers in participatory rural appraisals, and training of 400 community leaders in the use of rural appraisal information.

Cooperation with other partners

28. UNICEF will collaborate closely with WHO in health and nutrition and with UNDP and UNFPA in gender and development. UNICEF will continue to work closely with WHO as an active partner in the National Plan of Action for Nutrition. As a member of the United Nations disaster team, UNICEF will cooperate with other agencies and NGOs during emergencies. UNICEF also will collaborate with the United Nations Educational, Scientific and Cultural Organization for educational activities.

Programme management

29. Annual surveys will be carried out to monitor programme progress and support the annual programme reviews. These reviews, done with the Government, will allow mid-course corrections and modifications to programme strategies. Selected evaluations will measure programme impact and feed into the development of the Third National Plan of Development and the full country programme for the period 2000 to 2005.

30. The country programme management plan will be the basis for management of the country programme. For effective management, the office is further clarifying structures of accountability.

TABLE

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : ISLAMIC REPUBLIC OF IRAN
PROGRAMME : 1998-1999

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSP	NSP	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
MONITORING OF CHILD INDICATORS	380,000			380,000	0	0	0	0	0	0	0	1	0	1	0	66,708	66,708
HEALTH	480,000			480,000	0	0	0	0	0	0	0	1	0	1	0	66,708	66,708
NUTRITION	270,000			270,000	0	0	0	0	0	0	0	0	1	1	0	26,015	26,015
EDUCATION	630,000			630,000	0	0	0	1	0	0	1	0	0	1	355,954	0	355,954
SOCIAL MOBILIZATION AND ADVOCACY	560,000			560,000	0	0	0	0	0	0	0	2	1	3	0	128,654	128,654
INTEGRATED AREA-BASED PROGRAMMES	280,000			280,000	0	0	0	0	0	0	0	1	0	1	0	47,899	47,899
CROSS-SECTORAL COSTS	100,000			100,000	0	0	0	0	0	0	0	0	5	5	0	94,655	94,655
TOTAL GR	2,700,000			2,700,000	0	0	0	1	0	0	1	5	7	13	355,954	430,639	786,593
SUPPLEMENTARY FUNDING :																	
MONITORING OF CHILD INDICATORS		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HEALTH		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NUTRITION		0	400,000	400,000	0	0	0	0	0	0	0	0	0	0	0	0	0
EDUCATION		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SOCIAL MOBILIZATION AND ADVOCACY		0	200,000	200,000	0	0	0	0	0	0	0	0	0	0	0	0	0
INTEGRATED AREA-BASED PROGRAMMES		0	400,000	400,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	1,000,000	1,000,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL GR & SF	2,700,000	0	1,000,000	3,700,000	0	0	0	1	0	0	1	5	7	13	355,954	430,639	786,593
SUPPORT BUDGET		Operating costs		389,960													
		Staffing			0	0	1	0	0	0	1	2	5	8	437,020	358,377	795,397
GRAND TOTAL (GR + SF + SB)					0	0	1	1	0	0	2	7	12	21	792,974	789,016	1,581,990
Number of posts and staff costs:																	
Current programme cycle											2	7	12	21			
At the end of proposed programme cycle (indicative only)											2	7	12	21	792,974	789,016	1,581,990

GR = general resources.
SF = supplementary funding.
FSP = funded supplementary funding.
NSP = new supplementary funding.

IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.

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RECOMMENDATION FOR ADDITIONAL RESOURCES TO FUND THE APPROVED COUNTRY PROGRAMME**

Iraq

The present document contains a recommendation for additional general resources to fund the approved country programme for Iraq for which the balance of approved general resources is not sufficient to fund the programme up to the end of the approved programme period. The Executive Director recommends that the Executive Board approve additional general resources in the amount of $542,000 for 1998 to achieve the objectives of the country programme as originally approved by the Board.

* E/ICEF/1997/20.

** The figures contained in the present document are final and take into account estimated unspent balances of programme cooperation at the end of 1997. They will also be contained in the "Summary of 1997 recommendations for general resources and supplementary funding programmes (E/ICEF/1997/P/L.18).

1. The current country programme for Iraq, covering the period 1997-1998, was approved by the Executive Board in 1996, with an allocation of $2,000,000 from general resources and $10,000,000 in supplementary funds (E/ICEF/1996/P/L.72). At that time, the annual general resources planning level for Iraq, calculated under the criteria approved by the Executive Board (child population, gross national product (GNP) per capita and under-five mortality rate (U5MR)), was $1 million per year.

2. Since then, because of changes in Iraq's U5MR and GNP per capita, the planning levels for the country programme were increased to $1,271,000 per year beginning in 1997. As result, an additional $542,000 is required to meet the objectives of the country programme as approved by the Executive Board for 1998. A country programme recommendation for the period 1999-2000 will be submitted to the Board in 1998.

3. The regular country programme for Iraq is aimed at continuing to help rehabilitate social services, accelerate achievement of mid-decade goals and initiate action in the context of the Convention on the Rights of the Child. It is synchronized with emergency interventions under the inter-agency humanitarian programme and with humanitarian assistance provided under Security Council resolution 986 (1995).

4. In particular, the programme will contribute to: (a) increasing access and coverage of services in health, nutrition, water and sanitation, education, children in need of special protection and broader areas of the Convention; (b) promoting community participation; (c) advocacy and social mobilization with government decision makers, parliamentarians, religious leaders, professionals and the media; (d) strengthening management and supervision of service delivery at the subnational level through capacity-building for government personnel and staff of local non-governmental organizations in the planning, coordination, implementation and monitoring of services; and (e) monitoring child rights indicators. The programme operates in the northern, central and southern areas of the country.

5. Under the ongoing programme, there has been a marked increase in coverage of the immunization and water and sanitation programmes, in addition to wider public awareness of diarrhoeal diseases and acute respiratory infections, enabling families to protect their children better during times of austerity. This has been coupled with training of health personnel including doctors, nurses, traditional birth attendants and other staff.

6. As a result of the increased availability of food and medicines because of Security Council resolution 986, it is expected that the situation of children will begin to improve. In the meantime, a nutrition survey conducted by the Ministry of Health in 1997, with assistance from UNICEF and the World Food Programme, pointed to the continued seriousness of the nutrition situation. The nutrition rehabilitation centres supported under the nutrition programme have expanded their outreach, benefiting thousands of children at risk.

7. The education programme has progressed at a slower pace, and efforts are currently underway to refocus the programme and clarify priorities both for education and for children in need of special protection. During the past year, the programme has attempted to concentrate efforts in regions at high risk,

particularly Basra, Thiqar and Missan, with considerable advocacy and mobilization efforts with local governorates and communities.

8. For 1998, the programme will continue to follow the objectives and strategies already approved by the Executive Board. It is expected, however, that as humanitarian assistance under Security Council resolution 986 gathers momentum, there will be increased opportunities for coordination and complementarity between the regular country programme and the humanitarian programme.

Additional funding requirements
(In United States dollars)

Current programme cycle	Approved general resources funding	Additional funding proposed
1997-1998	2 000 000	542 000

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FOR ACTION

RECOMMENDATIONS FOR FUNDING FOR SHORT-DURATION PROGRAMME COOPERATION**

Palestinian children and women in Jordan, Lebanon, the Syrian Arab Republic and West Bank and Gaza

SUMMARY

The present document contains recommendations for funding from general resources and supplementary funds for short-duration programme cooperation for Palestinian children and women. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1998 to 2000:

Programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Palestinian children and women in:			
Jordan	600 000	600 000	1998-2000
Lebanon	1 050 000	1 500 000	1998-2000
Syrian Arab Republic	600 000	600 000	1998-2000
West Bank and Gaza	2 550 000	11 400 000	1998-2000

* E/ICEF/1997/20.

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1996. They will be contained in the "Summary of 1997 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.18).

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BASIC DATA
(1995 unless otherwise stated)

	Jordan	Lebanon	Syrian Arab Republic	West Bank and Gaza (1996)
Child population (thousands, under 18 years)	680 a/	176 a/	186 a/	1,215
U5MR (per 1,000 live births)	37	49	49	36
IMR (per 1,000 live births)	30-40	42	40	28
Underweight (%, 0-3 years old)	-	-	9	4.4-5.0
Maternal mortality rate	150 b/	40	93	70-80
Primary school enrolment(%, gross)	-	-	-	-
Literacy (% male/female)	93/83	88/77	93/82	91/76
Access to safe water (%)	-	-	45	79
Access to health services (%)	-	100 a/	-	53
GNP per capita	-	$880	$1,500	$1,700
One-year-olds fully immunized against (%):				
tuberculosis:	-	100 a/	88	100 c/
diphtheria/pertussis/tetanus:	89 a/	100 a/	92	96
measles:	90 a/	100 a/	95	82
poliomyelitis:	88 a/	100 a/	85	95
Pregnant women immunized against (%):				
tetanus:	83 a/	90 a/	65	34

a/ Applies only to population registered with the United Nations Relief and Works Agency for Palestine Refugees in the Near East.

b/ A 1996 survey by the Ministry of Health of Jordan and the United States Agency for International Development found the maternal mortality rate in Jordan to be 55 per 100,000 live births.

c/ Six-year old children.

Introduction

1. In 1995, the Executive Board approved programmes of cooperation for Palestinian children and women in Lebanon, the Syrian Arab Republic and West Bank and Gaza (E/ICEF/1995/P/L.30) for the period 1996 to 1997; in 1993, it approved a programme of assistance to Palestinian children and women in Jordan for the period 1994-1997. In the light of the continuing peace process, a three-year, short-duration programme for all four programmes is being proposed for 1998-2000. The proposal will harmonize the programme cycles and facilitates monitoring of the goals of the World Summit for Children. The proposed programmes were prepared taking into account the priority needs identified by updated situation analyses, lessons learned from past cooperation and strategy meetings held with counterparts, local non-governmental organizations (NGOs) and partner agencies.

The situation of children and women

2. While their situations and living conditions vary from country to country, Palestinian children and women in the region often live in difficult conditions and lack many basic rights and services. The United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) is the lead United Nations agency responsible for Palestinians, and is a key partner in the UNICEF programmes.

3. More than half of the Palestinians in the region live in West Bank and Gaza, where the current population of 2.3 million is expected to increase to 3 million in 2000. There are 1.4 million Palestinians registered with UNRWA in Jordan (the largest group of Palestinians living outside West Bank and Gaza) and 350,000 in the Syrian Arab Republic, with 400,000 Palestinian refugees in Lebanon. The annual population growth rate remains high and the profile of the population is young, with, for example, 47 per cent of the total population in West Bank and Gaza under 15 years of age.

4. There is severe economic hardship among all of these populations, with many living near or below the poverty line. This vulnerable population has been further affected by economic recession in the region and by high levels of unemployment or underemployment, especially among youth. The rate of women's participation in the labour force is low and dependency ratios are thus high, leaving families very vulnerable in terms of being able to meet their basic needs. In Lebanon, for example, 10 per cent of Palestinian refugees are enrolled with UNRWA as special hardship cases, as their households have no male old enough to work and are headed by women.

5. Health indicators highlight the need for greater attention, especially to sustainability. The leading causes of infant death among Palestinian children are low birth weight and prematurity, congenital malformations, acute respiratory infections (ARI), gastroenteritis and birth trauma. The prevalence of ARI and diarrhoea is high, especially for children living in congested conditions in the camps. The use rate for oral rehydration therapy is low. According to UNRWA, 46 per cent of registered children are anaemic. The prevalence of iodine deficiency disorders (IDD) is an issue of concern and salt available in West Bank and Gaza is not iodized. Maternal mortality rates range from 40 to 93 per 100,000 live births, highlighting the need for better quality of health care for women and improved case management. HIV/AIDS is an increasing problem.

6. Primary school enrolment rates are over 90 per cent and teacher training has improved significantly in recent years. Greater attention is needed to girls' education. The UNRWA school system provides refugees with a good standard of education, particularly in Lebanon and the Syrian Arab Republic. A lack of infrastructure is exacerbated by the high population growth rate. Many UNRWA schools and schools in West Bank and Gaza operate on more than one shift. There is a need for sufficient numbers of school buildings and basic infrastructures, including classrooms, equipment and recreational space, and of well-trained teachers. The quality of instruction is low, curricula need to be brought up to date and high repetition rates are a problem. More children need to be enrolled in kindergarten and child-care centres.

7. Data on the status of women indicates that while overall literacy is below 85 per cent, female literacy rates vary from 76 to 83 percent (most literacy rates range from 88 to 93 per cent). In the refugee camps, few women serve on decision-making bodies. The situation of girls and women has often been bound by early marriage, unequal educational opportunities and economic and political powerlessness. The enforcement of laws related to children and women needs to be reviewed.

8. UNRWA provides most basic health and education services for Palestinians in Lebanon and the Syrian Arab Republic and provides schooling for about 12 per cent of the primary schools in Jordan. In West Bank and Gaza, UNRWA covers both health and education for the 40 per cent of the population who are refugees, in coordination with the Palestinian Authority. UNRWA is the only provider of elementary education for Palestinian children in Lebanon. UNICEF cooperates closely with UNRWA, providing the vaccines, needles, syringes and other supplies that are used in UNRWA health centres, as well as providing support in the form of training for health staff of the Palestinian Red Crescent Society (PRCS). Vaccines and training support are provided through the Palestinian Authority's Ministry of Health in West Bank and Gaza. In the Syrian Arab Republic, UNICEF provided significant support to UNRWA programmes for the control of diarrhoeal diseases (CDD).

9. A large number of Palestinian children have been exposed to violence. A study of Palestinian children in Gaza in 1993 revealed behavioural problems ranging from depression, sleep disorders and tension to other emotional maladjustments. Child labour, especially in the informal sector, is a growing problem; in Lebanon, a 1996 survey found that 38 per cent of working children are subject to physical violence.

Lessons learned from previous cooperation

10. In Jordan, recent discussions with the Government about the programme for Palestinian children and women have underscored official concern that this programme not target Jordanians of Palestinian origin and exclusively, but rather be a complementary component of the UNICEF programme of cooperation in Jordan (E/ICEF/1997/P/L.10/Add.1).

11. The UNICEF allocation of $200,000 per year for the Palestinian programme in Jordan is 23 per cent of the Jordan country programme budget and is small in comparison to the UNRWA budget for Jordan. The UNICEF component for Palestinians in Jordan can be of significance only if it is used for well-focused inputs to assist children and women, in close cooperation with the Government and with UNRWA. For example, a committee established in 1989 by the Government, comprising government officials in the fields of education and health, UNRWA, NGOs and UNICEF, developed unified monitoring and reporting systems for the health programme interventions, a unified training mechanism for teachers and health workers and a unified system of community outreach for providing Palestinian mothers with health education.

12. Ongoing reviews of cooperation with ministerial counterparts, UNRWA and NGOs have revealed the need to: (a) target more systematically underserved low-income urban areas, where the majority of the country's poor are concentrated; (b) increase the level of resources used for capacity-building, empowerment and advocacy in order to improve the quality of basic social services, raise public awareness levels and prioritize children's and women's rights issues; (c) emphasize the focus of early childhood development (ECD) efforts on promoting better parenting to reach more children; (d) focus primary education efforts on issues of quality and relevance; (e) adapt community-based approaches to alleviating poverty and meeting local needs, especially of youth; and (f) continue monitoring the status of children and women.

13. In Lebanon, the most difficult aspect of UNICEF work in the Palestinian programme is the absence of an official government counterpart. A great deal of programme implementation is undertaken by UNICEF, in coordination with Palestinian NGOs and popular committees that have proven to be reliable partners. In spite of significant progress made to strengthen the management and operational capacities of the Palestinian NGOs, much remains to be done in this regard.

14. In line with the recommendations of an external evaluation of the Lebanon programme (commissioned by UNICEF in March 1997), UNICEF will strengthen its monitoring, supervision and follow-up activities as part of implementing the new programme.

15. In the Syrian Arab Republic, reviews of the health programme have indicated that it accords insufficient attention to women's health, ARI control and environmental health; placed too much emphasis on material support to health and not enough on activities affecting the quality of health care; and that UNICEF lacked systematic cooperation with PRCS and other NGOs addressing the health needs of underserved Palestinians outside the official refugee camps.

16. ECD programmes focused on the provision of support to NGO-run kindergartens and day-care centres for Palestinian children with limited coverage. Support was extended to in-service and training programmes for kindergarten staff and for provision of basic educational material and playground equipment to Palestinian kindergartens. Communication activities aimed at reaching caregivers with key ECD messages were initiated on a limited scale. There is a need to develop and implement a media-based better parenting project for wider coverage.

17. Support to women's development focused on women's vocational training. UNICEF cooperated with the Government Organisation for Palestinian Refugees (GOPAR), Palestinian NGOs and the Syrian Women's General Union in conducting vocational training courses for women. The coverage of the vocational training activities, was limited, however, and the programme did not sufficiently stress the application of vocational skills for the expansion of women's access to credit and income-generating opportunities.

18. In West Bank and Gaza, the Palestinian Authority has made a strong political commitment to children by endorsing the Convention on the Rights of the Child and preparing a national programme of action (NPA). Thirty per cent of a planned public sector investment programme has been earmarked for social sector development. The Authority has also established a Secretariat for Children within the Ministry of Planning and International Cooperation, a High Council for Children and a child monitoring unit at the Palestinian Central Bureau of Statistics.

19. To respond to the historic yet complex and difficult process of greater autonomy and economic development now underway, the best investment UNICEF can make is in capacity-building for planning and management of the social sector, to help ensure, as infrastructures are built, effective use of resources in favour of children. This will require investment in human resources, combined with the flexibility to address an unstable situation; it will also require intensive training at several levels (community and institutions), advocacy, knowledge dissemination and networking to standardize policies affected by the fragmentation of the social sector. Cooperation with NGOs and the media should be strengthened, thus extending capacity-building to local institutions and enabling them to reach communities during security closures.

20. As part of this effort, UNICEF will work to help clarify issues of gender equality so they receive more attention. Gender mainstreaming will be promoted as a policy. Cooperation with international, regional and Palestinian women's organizations should be developed. An integrated approach to education is needed, including ECD, and primary and non-formal education that focus especially on girls and women, in addition to community-level health education projects, all involving the participation of different ministries and NGOs.

A. Palestinian children and women in Jordan

Recommended programme cooperation, 1998-2000

Estimated annual expenditure, 1998-2000

(In thousands of United States dollars)

	1998	1999	2000	Total
General resources				
Maternal and child health	50	50	50	150
Early childhood development	50	50	50	150
Primary education	25	25	25	75
Community empowerment	75	75	75	225
Subtotal	200	200	200	600
Supplementary funds				
Maternal and child health	20	20	20	60
Early childhood development	65	65	60	190
Primary education	30	30	30	90
Community empowerment	85	85	90	260
Subtotal	200	200	200	600
Total	400	400	400	1 200

21. The programme will focus on four main programme areas: maternal and child health (MCH); primary education; ECD; and community empowerment. In recognition of the fact that Palestinians do not constitute a separate entity in Jordan, the programmes were formulated in the context of Jordan's NPA. The overall objectives of the programme will be to: (a) support implementation of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; (b) sustain progress towards the goals for children for the decade, and ensure that the goals are reached in the refugee camps and in low-income urban areas; (c) help the Government and UNRWA to establish and maintain quality standards, especially in primary health care (PHC) and education; and (d) develop replicable models for sustainable development at the community level, with a particular emphasis on refugee camps and low-income urban areas. The primary strategies will be capacity-building, advocacy and empowerment, with some limited service delivery.

22. The objectives of the MCH programme will be to: (a) improve the quality of MCH care in government, UNRWA and NGO health facilities; (b) increase health awareness among mothers and other caregivers, especially of reproductive health and sexually transmitted diseases (STDs); (c) accelerate progress in controlling ARI; (d) provide skills for early detection of mild and moderate disabilities in children; and (e) promote a "baby-friendly" environment in hospitals and promote exclusive breast-feeding for the first six months.

23. The objectives of the ECD programme will be to: (a) provide families and other child-caregivers with key skills for better parenting skills; (b) expand access to and improve the quality of ECD facilities in the refugee camps and

low-income urban areas; and (c) expand access in refugee camps and low-income urban areas to safe play space for children. The promotion of better parenting will be the main focus of the ECD programme, using various media to communicate key messages on how to improve the care and stimulus given to young children. Efforts to expand access to ECD facilities will focus on mobilizing and supporting local groups and NGOs in establishing kindergartens. The possibility of support to the establishment of "home" kindergartens, where local mothers are recruited, trained and equipped to provide care to a number of local children in their homes or in community centres, will also be considered. Efforts to improve the quality of kindergartens will focus on teacher training programmes, curriculum development and developing kindergarten grounds and other designated locations as safe play areas.

24. The primary education programme will aim to create a positive learning environment and improve the quality and relevance of learning in both government and UNRWA schools. UNICEF will be a catalyst for primary education innovation and reform, providing "seed" support to relevant initiatives and leveraging other resources for their wide-scale replication. Support will be continued to mainstream the Global Education Initiative philosophy, methodology and materials into the Ministry of Education's and UNRWA curricula, textbooks and teacher training programmes. Innovative approaches for reaching and providing schooling to children in refugee camps and low-income urban areas outside the education system will be promoted.

25. The community empowerment programme will aim to ensure that the goals for the decade are reached and sustained in the refugee camps and low-income urban areas, through mobilizing and assisting communities to identify their own needs and develop strategies to address these needs in an integrated and sustainable fashion. Building on current pilot experiences in low-income urban communities and working through local community structures, UNICEF will support development of local responses to such concerns as women's participation in decision-making and the labour force; maternal, child and adolescent health; the situation of youth; household access to credit; children's early development and recreation; and children with special needs. The main counterparts will be the Ministry of Social Development, which runs a network of community development centres in needy areas, the Housing and Urban Development Corporation, responsible for the provision of basic services in urban areas, and UNRWA. Other groups involved in social development include the Queen Alia Fund, the Noor al Hussein Foundation, and a number of international NGOs.

26. The programme for Palestinians in Jordan will be managed as an integral part of the Jordan country programme. The country office management team will have the responsibility for development, implementation and monitoring of both programmes. Programme costs are pro-rated in time and reflected accordingly in the integrated budget for the country programme. Staff assigned to this programme will have deep knowledge of the Palestinian situation and experience and ability to work with NGOs in a participatory manner.

B. Palestinian children and women in Lebanon

Recommended programme cooperation, 1998-2000

Estimated annual expenditure

(In thousands of United States dollars)

	1998	1999	2000	Total
General resources				
Health	100	100	100	300
Child protection and development	120	120	120	360
Women in development	80	80	80	240
Advocacy and planning	50	50	50	150
Subtotal	350	350	350	1 050
Supplementary funds				
Health	100	100	100	300
Child protection and development	200	200	200	600
Women in development	50	50	50	150
Water and sanitation	150	150	150	450
Subtotal	500	500	500	1 500
Total	850	850	850	2 550

27. The programme responds to the priority needs of Palestinian children and women in Lebanon as established by Palestinian philanthropic associations and popular committees. It will be implemented in cooperation with UNRWA, PRCS, the General Union of Palestinian Women (GUPW), popular committees and a network of Palestinian philanthropic associations and international NGOs.

28. The programme has four components: health; child protection and development; women in development; and water and sanitation. Advocacy, planning and monitoring and evaluation activities will be integral to each component. Using a mix of service delivery and capacity-building, the programme aims to build on past experience and empower communities to meet their children's physical, emotional and psycho-social needs, and to build the capacity of young community workers and mobilize them to participate fully in camp activities.

29. Under the health programme, UNICEF will continue to provide vaccines, syringes, needles and cold-chain equipment to UNRWA in order to sustain vaccination coverage for all six antigens at more than 95 per cent, with the long-term objective of reducing infant, child and maternal mortality. For MCH services, UNICEF will focus on capacity-building of PRCS personnel through training of their health workers and para-medical personnel. Traditional birth attendants will be trained in safe motherhood practices and referral of at-risk mothers. Interventions focusing on prevention of diarrhoeal diseases and the rational use of drugs will be addressed. Awareness-raising campaigns on health-related issues will be undertaken in all the camps in cooperation with PRCS and Medical Aid for Palestinians. A mobile educational unit of health personnel will provide information to mothers and youth on breast-feeding, proper hygiene, a healthy lifestyle, the hazards of smoking, high-risk behaviour, accidents and AIDS. UNRWA health personnel will continue to

undertake training and awareness-raising campaigns on ARI, and UNICEF and UNRWA will use exchange of information and coordination on ARI to complement each other's health services.

30. In an effort to improve the capacity of child-caregivers to meet the growth and development needs of young children, the child protection and development programme will support upgrading of parental skills and the quality of pre-school day care services, both at home and in the community, through regular meetings between parents and pre-school educators and training of pre-school teachers. To support the 19 per cent of Palestinian children aged 6-12 years who are school drop-outs, working or looking for jobs, UNICEF will provide literacy sessions and vocational training to allow them to retain and build on the knowledge acquired during their time in school. Activities will be carried out in close coordination with UNRWA and Palestinian NGOs. UNICEF will also promote social acceptance of children with disability in the community through social mobilization and orientation. General resources will be used for activities for children in need of special protection (initiation of literacy classes, summer camps and social reform of delinquents) in half the camps. Supplementary funds will be used to extend these activities to all 12 camps. In a related effort involving Palestinian juvenile delinquents, UNICEF, in cooperation with the Lebanese judicial authorities, will train 35 social workers who will follow-up these delinquents' progress by visiting their families periodically.

31. The women in development programme will provide women with education and vocational skills, thus enhancing their self-esteem and empowering them to participate more effectively in the economic life of their community. In cooperation with GUPW and local popular committees, UNICEF will continue to support small-scale, cooperative income-generating and marketing activities for Palestinian families, with a focus on female-headed households. Strategies to increase adult literacy will be pursued by raising women's awareness of the importance of education, stressing the fact that illiteracy perpetuates poverty.

32. Water supply and sanitation activities, which will be funded entirely from supplementary funds, seek to improve the quality and quantity of drinking water and to promote sanitary practices in displacement centres. The project aims to maintain existing water and sewer networks in the centres, with the cooperation of local committees. This will be done by organizing community-managed water supply and sanitation schemes. Professional assistance and training will be provided to popular committees for raising public awareness and implementing water and sanitation projects.

33. Advocacy and planning efforts will focus on improving further the situation of women and children by creating greater awareness of the decade goals and by empowering the community with information and knowledge to achieve them. In cooperation with counterparts, training workshops and summer camps will be organized at district level to build capacities and disseminate information. Community workers will receive training in health, hygiene, nutrition, protection of the environment and healthy life-style promotion.

34. Projects will be monitored systematically on a trimester basis by programme managers, UNICEF staff and their counterparts and community workers. Monitoring will emphasize achievement of objectives and cost-effectiveness. Constraints, if any, will be spelled out and corrective measures implemented. An evaluation to be undertaken in the year will focus on achievement of the decade goals, using studies and surveys as appropriate. In addition to UNRWA and the World Health Organization (WHO), UNICEF will make specific efforts to work closely with other agencies, NGOs and donors, as appropriate.

C. Palestinian children and women in the Syrian Arab Republic

Recommended programme cooperation, 1998-2000

Estimated annual expenditure

(In thousands of United States dollars)

	1998	1999	2000	Total
General resources				
Health	74	74	74	222
Education	100	100	100	300
Cross-sectoral costs	26	26	26	78
Subtotal	200	200	200	600
Supplementary funds				
Health	100	100	100	300
Education	100	100	100	300
Subtotal	200	200	200	600
Total	400	400	400	1 200

35. The proposed programme will have components for health, education and women in development and will continue to support the achievement of the goals set for the Palestinian community in the Syrian Arab Republic for the end of the decade. The programme aims to: (a) raise caregivers' awareness of children's development needs and rights; (b) target systematically unregistered Palestinian who receive fewer services from UNRWA or government social services; (c) strengthen linkages with, and build the capacity of, local Palestinian NGOs and community organizations; and (d) expand the knowledge and information base concerning the Palestinian community in the Syrian Arab Republic.

36. Cooperation in the health sector will focus on five priority health projects: ARI control; safe motherhood; environmental health; HIV/AIDS; and disability among children. At the same time, UNICEF will ensure that past child survival interventions in the areas of CDD control and immunization are sustained.

37. UNICEF support to ARI control will focus on health education for families and training courses for doctors and nurses at health centres, focusing on early diagnosis and compliance with standard case management. UNICEF will continue to support UNRWA safe motherhood programmes through provision of tetanus toxoid vaccine and training of doctors at health centres in prenatal care and identification of high-risk pregnancies. Promotion of breast-feeding will be a major concern: Palestine Hospital, one of the PRCS facilities, will be upgraded to "baby-friendly" status. Environmental health will be promoted through raising families' and students' awareness of hygiene. Also, UNICEF will provide UNRWA with chloride for water chlorination inside and outside the health centres, and also provide 15 health centres (five per year) with water tanks. HIV/AIDS will be addressed through health education activities for secondary school children. UNICEF will also continue to promote cooperation and experience exchange on HIV/AIDS programmes with UNRWA, the Ministry of Health and NGOs; UNICEF will support the production of educational material for use by trainers, teachers,

students and the Palestinian community. UNICEF will work in coordination with UNRWA to prevent disability among children by strengthening the family health programme and supporting rehabilitation centres. A national study on disability among children is planned for 1997, to be undertaken by the Ministry of Health and the Central Bureau of Statistics in coordination with UNICEF. This study, will also help to identify types of disabilities among Palestinian children and determine the magnitude of the disability problem. In a number of MCH programmes, UNICEF will work closely with both the United Nations Population Fund and WHO.

38. As part of the health programme, supplementary funds will be sought to support the upgrading of solid waste disposal equipment for three Palestinian camps in Damascus and to assist the Palestinian community in improving potable water and sanitation.

39. The education programme focuses on ECD, primary education and women in development. The ECD project involves the production and dissemination of a series of videos and accompanying guidebooks designed to enhance caregiver's knowledge about ECD. GOPAR, in cooperation with NGOs, is responsible for the expansion and upgrading of ECD facilities as well as safe play grounds. UNICEF, in conjunction with GOPAR and local Palestinian NGOs, will continue to support in-service kindergarten teacher training programmes and provide basic equipment and supplies for newly established kindergartens and safe playgrounds. UNICEF will also continue its cooperation with the United Nations Educational, Scientific and Cultural Organization (UNESCO) in the areas of primary education and ECD.

40. The primary school/global education initiative seeks to make positive changes in the way teachers teach and interact with learners and in the way learners learn. This project, which was started in the Syrian Arab Republic in 1995, is currently in its first phase. The Ministry of Education has initiated a revision of the grade 1 curriculum in the light of global education concepts. Beginning in 1998, UNICEF and UNRWA will work together to promote global education in Palestinian primary schools, initially in a number of primary schools run by UNRWA. Teachers and supervisors from selected schools will be trained to teaching the global education concept.

41. The women in development project will aim to support vocational training of 300 Palestinian women per year in professions determined by a survey of the labour market. The programme will use this opportunity to provide an orientation on basic life skills. In addition, training will be provided to women leaders on the administration, finance and supervision of income-generating projects. To overcome existing deficiencies, UNICEF will work with UNRWA to revise the training programme to incorporate skills on women's access to credit and income-generating activities. UNICEF will also work with UNRWA in establishing group-guaranteed savings and loans schemes taking advantage of the skills developed. Direct support will be extended to such income-generating activities as carpet mending, traditional dress-making and production of children's clothes and toys; this project, which is currently operating with great success in one camp, will be expanded to additional camps where research suggests the women are interested and a market demand exists. The trained women will serve as community focal points for matters related to the feasibility, development and implementation of income-generating projects. Relevant cooperation with both the United Nations Development Fund (UNDP) and the United Nations Development Fund for Women (UNIFEM) will continue. Supplementary funds will be sought to strengthen and support the vocational training for Palestinians women in the area of income-generation.

D. Palestinian children and women in West Bank and Gaza

Recommended programme cooperation, 1998-2000

Estimated annual expenditure

(In thousands of United States dollars)

	1998	1999	2000	Total
General resources				
Advocacy and capacity-building	180	180	180	540
Health and nutrition	220	220	220	660
Basic education	230	230	230	690
Cross-sectoral costs	220	220	220	660
Subtotal	850	850	850	2 550
Supplementary funds				
Advocacy and capacity-building	800	800	800	2 400
Health and nutrition	2 000	2 000	2 000	6 000
Basic education	1 000	1 000	1 000	3 000
Subtotal	3 800	3 800	3 800	11 400
Total	4 650	4 650	4 650	13 950

42. This programme recommendation is the result of a participatory process involving the Palestinian Authority, NGOs, other United Nations agencies, the donor community and professional institutions in West Bank and Gaza. The programme recognizes the need for continuity with the current programme and for a flexible approach to respond to needs for capacity-building, policy formulation and institutional development in a transition period.

43. The overall objectives for Palestinian children, youth and women in West Bank and Gaza to the year 2000 are set out in the NPA, which sees investment in social services for children as essential to the success of the peace-building effort. The objectives of the UNICEF programme have been formulated within the framework of the Convention on the Right of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, as well as the NPA. The overall strategy is to develop the capacity of the Palestinian Authority to consolidate, achieve and sustain as well as to monitor progress towards the goals of the World Summit for Children. In particular, the programme aims to: (a) increase awareness among policy makers, programme planners and managers and community leaders so as to institutionalize the rights of the children and women through legislation, policies and programmes; (b) develop the technical and organizational skills of relevant ministries and NGOs to plan and implement projects benefiting children and women; (c) assist the Palestinian Authority in identifying underserved areas and children and women in need of special protection, in order to promote equity and improve quality of basic services; and (d) sustain the demonstrated willingness of the Palestinian Authority to prioritize social sector development.

44. The programme for advocacy and capacity-building will consist of two projects: (a) planning, policy formulation and monitoring; and (b) children and women in need of special protection. The objective of the programme is to

develop and sustain the capacity of relevant ministries and institutions to plan for children and women and monitor their status. Advocacy and technical support will promote the development of a legal and policy framework that will include children's and women's rights, particularly those in need of special protection. UNICEF will assist the Secretariat for Children, the High Council for Children and the Palestinian Central Bureau of Statistics in monitoring the NPA goals through support to studies and surveys. The programme will also support capacity-building for the media, including training of journalists and support to production of communication material, paying attention to gender sensitivity and children and women in difficult situations. Training will be provided to the Ministry of Health and NGOs in contingency planning and emergency health preparedness. The Child-Friendly Community Initiative, using an integrated area-focused approach at the community level, will promote equity of interventions for children, subject to availability of supplementary funds.

45. The programme will focus on female heads of household, working children, children with disabilities, orphans and children and women who are victims of abuse and violence. Awareness-raising will address the need to reduce discrimination against girls and women through advocacy, seminars, assessments, training of decision makers in gender mainstreaming and special protection and rehabilitation measures for disadvantaged groups. The programme will support the development of a safety net for assisting the most vulnerable women and children. It will provide assistance to the Ministry of Social Affairs and NGOs to establish a system to care and provide counseling services to orphans and socially disadvantaged children, with the support of the Government of Sweden.

46. Within the framework of the Palestinian National Health Plan, the health and nutrition programme will help to sustain and improve the health care system for children, adolescents and women and enable adolescents and women to make informed health decisions. To sustain already low child mortality and morbidity levels, technical, financial and supply support will be provided for immunization, CDD and ARI control, under the child health promotion project. This project will also include a school health education component involving the production of gender-sensitive health education materials and training of health service providers and school teachers, subject to the availability of supplementary funds. The project will also support the Ministry of Education in integrating health education into the school curriculum. The nutrition project will emphasize control of IDD and other micronutrient deficiencies, in addition to breast-feeding promotion. The universal iodization of salt will be advocated and supported. Advocacy and support will be continued for implementing the International Code of Marketing for Breast-milk Substitutes and the Baby-Friendly Hospital Initiative in 12 targeted hospitals.

47. The women's health project will enhance the capacity of the Ministry of Health to improve pre- and post-natal care, safe motherhood and professional midwifery practice through training, development of educational materials and networking with the private sector and NGOs. With support from the Government of Italy, UNICEF will continue to support the health services management project for streamlining standards, procedures and organizational structure as well as the development of health information systems. Promotion of human resource development, training and material development, monitoring and evaluation and building institutional and professional links with other projects, universities and agencies will be fostered.

48. Through the basic education programme, UNICEF will support the goal of Education For All, giving priority to the enrolment and retention of all children in primary education and focusing on quality, gender equality and provision of educational opportunities for out-of-school children. The project

on quality, relevance and equity of primary education will provide technical and financial assistance to promote a five-year master plan of education. The Education Management Information System and school mapping projects will aim to improve the efficiency and equity of educational services, subject to the availability of supplementary funds. Education for children with special needs and gender equity will be emphasized through advocacy and training of policy makers and educators. UNICEF will contribute to the improvement of learning achievements and quality by providing advocacy, technical and financial assistance to expand the Global Education Initiative, supporting training of trainers and the production of learning materials.

49. The project on community education for young children, adolescents and youth will support ECD through training and technical support on policy development to relevant ministries. With the availability of supplementary funds, the ongoing Better Parenting Initiative will be expanded to preschools, youth centres and disability centres at the community level. The Ministries of Education, Social Affairs, Youth and Sports, NGOs and the media will receive support for a campaign on better parenting and life skills, targeting adolescents and youth with information on child care, STDs, family planning and healthy behaviours. It will also include health education on prevention of disabilities, gender issues, child-bearing, early marriage, consanguinity and healthy lifestyles.

50. UNICEF will continue to coordinate with other United Nations agencies and the World Bank under the Local Aid Coordination Structure, through the United Nations Special Coordinator's Office. In coordination with UNESCO, UNICEF will serve as the secretariat for the Education Sector Working Group and promote the Education for All goal. Other specific areas of inter-agency cooperation will be human development, poverty alleviation and area-based development activities with UNDP; gender equity and mainstreaming with UNIFEM; child labour with the International Labour Organisation; social safety nets with the World Food Programme, in order to reach the most vulnerable; health system development, PHC services and micronutrients with UNRWA and WHO; child rights with the United Nations Centre for Human Rights; and social sector capacity-building with the World Bank.

51. The office for West Bank and Gaza, located in Jerusalem, and the Gaza project office are expanding their activities to meet the demands of the new programme. An appropriate staffing structure, strengthened by training and orientation on rights-based programming, information resources management, monitoring skills and team-building will enable the office to meet the challenges of programme implementation in a complex environment. The country management team will ensure that UNICEF objectives are met with efficiency and cost-effectiveness. Progress will be monitored regularly using the Programme Manager System and through annual plans of actions, rapid assessments, evaluations, annual reviews and a mid-term review. Review of work processes, self-assessment and risk analysis will be ongoing activities, aimed at continuous improvement in programme delivery in line with the Management Excellence Programme.

TABLE a/

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : PALESTINIAN CHILDREN AND WOMEN IN THE WEST BANK AND GAZA
PROGRAMME : 1998-2000

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS b/										STAFF COSTS c/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
HEALTH & NUTRITION	660,000			660,000	0	0	0	0	0	0	0	1	1	2	0	325,877	325,877
BASIC EDUCATION	690,000			690,000	0	0	0	0	0	0	0	1	0	1	0	184,184	184,184
ADVOCACY & CAPACITY-BUILDING	540,000			540,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CROSS-SECTORAL COSTS	660,000			660,000	0	0	0	0	1	0	1	1	0	2	367,615	184,184	551,799
TOTAL GR	2,550,000			2,550,000	0	0	0	0	1	0	1	3	1	5	367,615	694,245	1,061,860
SUPPLEMENTARY FUNDING :																	
HEALTH & NUTRITION		0	6,000,000	6,000,000	0	0	0	0	0	0	0	1	0	1	0	161,544	161,544
BASIC EDUCATION		0	3,000,000	3,000,000	0	0	0	0	0	0	0	0	2	2	0	250,935	250,935
ADVOCACY & CAPACITY-BUILDING		0	2,400,000	2,400,000	0	0	0	0	0	0	0	0	2	2	0	250,935	250,935
CROSS-SECTORAL COSTS		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	11,400,000	11,400,000	0	0	0	0	0	0	0	1	4	5	0	663,414	663,414
TOTAL GR & SF	2,550,000	0	11,400,000	13,950,000	0	0	0	0	1	0	1	4	5	10	367,615	1,357,659	1,725,274
SUPPORT BUDGET		Operating costs		509,761													
		Staffing			0	0	1	1	0	0	2	1	4	7	831,083	809,341	1,640,424
GRAND TOTAL (GR + SF + SB)					0	0	1	1	1	0	3	5	9	17	1,198,698	2,167,000	3,365,698
	Number of posts and staff costs:																
	Current programme cycle										3	4	6	13			
	At the end of proposed programme cycle (indicative only)										3	5	9	17	1,198,698	2,167,000	3,365,698

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.

IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ This table provides information about the programme for Palestinian children and women in the West Bank and Gaza. The information on the programme for Palestinian children and women in Jordan is contained in the country programme recommendation for Jordan (E/ICEF/1997/P/L.10/Add.1). The information on Palestinian children and women in Lebanon and the Syrian Arab Republic was included in the most recent country programme recommendations for those countries (E/ICEF/1996/P/L.36/Add.1 and E/ICEF/1995/P/L.24, respectively).

b/ Each post, regardless of its funding source, supports the country programme as a whole.

c/ Excludes temporary assistance and overtime.